

# UAB BENEVOLENT FUND

Give Help, Give Hope.

## UAB Benevolent Fund Pledge Form

Employee Name: \_\_\_\_\_ Blazer ID: \_\_\_\_\_  
(Please print your full name)

Campus Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle your payroll: UAB Health System HSF Callahan VIVA

\_\_\_\_\_ Please check here if you are changing your gift type/amount.

### Continuous Giver *through Payroll deduction*

1 HOUR PAY PER MONTH: Fairshare Giver (bi-weekly employee)

\_\_\_\_\_ Check here to donate one (1) hour of your pay per month.

1 PERCENT PAY PER MONTH: Fairshare Giver (monthly employee)

\_\_\_\_\_ Check here to donate one (1) percent of your pay per month.

FIXED AMOUNT PER MONTH: Good Faith Giver (monthly employee)

\_\_\_\_\_ Check here to donate a fixed amount of your choice. Specify amount: \$ \_\_\_\_\_ / month.

### One Time Gift

\_\_\_\_\_ Check here to donate a One Time Gift. Please specify gift amount: \$ \_\_\_\_\_

Please circle your gift method: Payroll deduction Attached cash Attached check number \_\_\_\_\_

### Additional One Time Gift to support UAB's Habitat House

\_\_\_\_\_ Check here to donate a One Time Gift. Please specify gift amount: \$ \_\_\_\_\_

Please circle your gift method: Payroll deduction Attached cash Attached check number \_\_\_\_\_

**Leadership Giver:** Employees contributing \$1,000 or more annually are recognized as UAB Leadership donors.

Increasing levels of leadership recognition and matching funds are available to help you step into higher tiers of giving.

For more information, contact 934-1581 or [benevolentfund@uab.edu](mailto:benevolentfund@uab.edu).

Initial here if you do not want to be recognized in publicity as a Leadership Giver by the Benevolent Fund or United Way: \_\_\_\_\_

If you'd like to include your spouse in your gift recognition, print name(s) for publicity: \_\_\_\_\_

**Gift Designation:** You may designate your gift to a maximum of three (3) agencies. Please enter the name and/or three digit code assigned to each agency. If you want your donation to be used first to fund the Employee Emergency Assistance Program and Agency Grants (supported agencies without designation codes), use code #000.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please return this form to the Benevolent Fund office:**

Campus Address: AB B-84, zip 0100

Fax: 975-9608

Email: [benevolentfund@uab.edu](mailto:benevolentfund@uab.edu)