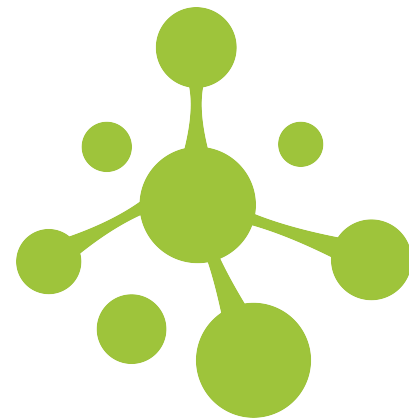


Employee Gift Authorization Form

UCSF Benioff Children's Hospital Oakland



Name: _____ Employee #: _____

Department: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please designate my gift to: Unrestricted support for BCHO Other: _____
Please enter cost center if known

Please acknowledge me in print, electronic, and other media as: _____

Check if you would like to be listed as "anonymous" in all donor recognition materials

Payroll Deduction

(UCSF Benioff Children's Hospital Oakland Employees Only)

I pledge a payroll deduction of \$ _____ per pay period

Is this a change to your current deduction? _____

I hereby authorize UCSF Benioff Children's Hospital Oakland to initiate payroll deductions as specified above. I understand that these deductions are voluntary. I may increase or decrease the amount, as well as discontinue the deductions, at any time. Otherwise, it will remain in effect as specified above.

_____/_____/_____
Signature *(required for payroll deduction)* Date

One-time Donation

Amount \$ _____

Monthly Donation

Beginning next month, I authorize UCSF Benioff Children's Hospitals to charge the following each month to my credit card:

Amount \$ _____

Payment Methods

Check
Payable to UCSF Benioff Children's Hospital Foundation

Credit Card

Card #: _____

Exp: ____/____ Security Code: _____

Billing Address: _____

If different from above

_____/_____/_____
Signature *(card authorization)* Date

Please make my gift in honor/in memory of:

Please submit completed form to the Foundation via interoffice mail or mail to:

Benioff Children's Hospitals Foundation

P.O. Box 45339

San Francisco, CA 94145-0339