



Pledge Designation Form

Please complete and return to: Sempra Employee Giving Network, HQ10E
Sempra Employee Giving Network was formerly known as Energy for Others

Sempra Employee Giving Network is a nonprofit public-benefit charity run by employees of the Sempra Energy family of companies. It allows employees to support charities through payroll deduction. **100% of all contributions made will be directed to the employee's charities of choice** as Sempra Energy pays all administrative fees.

STEP 1: DONOR INFORMATION

Donor Name: _____ Employee Number: _____

E-mail: _____ Daytime Phone: _____

Company (check one) Sempra Energy SDG&E SoCalGas Sempra Global (list affiliate): _____

STEP 2: CHOOSE YOUR CHARITIES (you may select more than one option)

Option A: Give to your local SEGN advisory council fund

I want to give \$ _____ dollars per pay period or \$ _____ dollars as a one-time payroll deduction to the Sempra Employee Giving Network Fund designated below. *Note: Local advisory councils made up of and elected by employees review funding requests from local charitable, non-profit organizations focused on programs helping our communities in the area of Health & Human Services and award grants from the funds.*

Please choose the council you would like to support:

- Los Angeles County
- Louisiana
- Orange County, CA
- San Bernardino-Riverside Counties
- San Diego-Imperial Valley Counties
- Northern Counties (Fresno, Kern, Kings, Santa Barbara, San Luis Obispo, Tulare and Ventura)

Option B: Give to the featured charity of your choice

I want to give \$ _____ dollars per pay period or \$ _____ dollars as a one-time payroll deduction to the featured charity designated below:

- American Cancer Society – designate a county: _____
- American Heart Association – designate a county: _____
- City of Hope - (no county designation)
- Cystic Fibrosis – designate a county: _____
- Habitat for Humanity – designate a county: _____
- Leukemia & Lymphoma Society – designate a county: _____
- Shoes that Fit – designate a county: _____

Option C: Give to the charity of your choice

I want to give \$ _____ dollars per pay period or \$ _____ dollars as a one-time payroll deduction to a personal favorite charity designated below. *Note: You may designate any tax exempt, non-profit organization of your choice. Please provide complete organization information to ensure your funds go to the proper recipient. Contributions in this option may qualify for the Matching Gifts program which provides a match to education, arts and cultural charities. See the Community Page of SempraNet for details on how to apply to this program.*

NAME OF CHARITY (Legal Name): _____ Federal Tax ID: _____

Contact Name: _____ E-mail: _____ Program or Fund (if any): _____

Address: _____ City: _____ State: _____ Zip: _____ Phone Number: () _____

STEP 3: SIGNATURE AND DATE

I authorize Sempra Employee Giving Network to begin charitable payroll deductions for charities as listed on this form.

Signature: _____ Date: _____