



Pledge Form

For more information and to complete this form online, go to: www.EnergyForOthers.org.

Energy for Others is a nonprofit public-benefit corporation run by employees of Sempra Energy and its family of companies. Energy for Others was formed in July 2002 to facilitate support of charitable groups in our communities.

Energy for Others allows you to support your local children's hospital, YMCA, cancer research organization or favorite charity through payroll deductions. Or you can support the Energy for Others Fund and your donation will be invested in health and human services organizations that help people in need.

- 100% of all contributions you make will be directed to your charities of choice or
- If you choose an Energy for Others' chapter, 100% of your donation will be directed to health or human services organizations that help people in need

It's easy to sign-up! The best way to make your contribution is through our new Web site: www.EnergyForOthers.org or complete the form below.

Return this completed form via interoffice mail to: Energy for Others - HQ10E.

**STEP 1:
EMPLOYEE
INFORMATION**

Employee Name	Employee Number
Company (check one) <input type="radio"/> Sempra Energy <input type="radio"/> SDG&E <input type="radio"/> SoCalGas <input type="radio"/> Sempra Global (list your affiliate): _____	
E-mail	Daytime Phone ()
Mail Location	
T-Shirt Size: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large <input type="radio"/> XX-Large <input type="radio"/> XXX-Large	

**STEP 2:
CHOOSE YOUR
CHARITIES**

- Energy for Others Fund:** Local advisory councils made up of and elected by employees will review funding requests from local charitable, non-profit organizations focused on programs or projects helping our communities in the area of Health & Human Services and make gifts from the Chapter Funds. Soon you'll be able to see how these gifts are being used to help our communities at www.EnergyForOthers.org.

- I want to give \$ _____ dollars per pay period
- as an on-going payroll deduction **OR** for one pay period only

Energy for Others Chapter Designation: Please choose the chapter you would like to support:

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

AND/OR

- Organization Designation:** 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.

CHARITY 1

Name of Organization (Legal Name)	Phone Number ()
Address	City
State	Zip Code
Program or Fund (if desired):	
Tax Identification Number	Accrediting Association (if applicable)

- I want to give \$ _____ dollars per pay period
- as an on-going payroll deduction **OR** for one pay period only

**STEP 3:
SIGNATURE
AND DATE**

Employee Signature	Date
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(To designate additional charities, see back of form)



Organization Designations (continued)

Employee Name

Employee Number

CHARITY 2

Name of Organization (Legal Name) _____ Phone Number () _____

Address _____ City _____ State _____ Zip Code _____

Program or Fund (if desired): _____

Tax Identification Number _____ Accrediting Association (if applicable) _____

I want to give \$ _____ dollars per pay period
 as an on-going payroll deduction **OR** for one pay period only

Employee Signature _____ Date _____

CHARITY 3

Name of Organization (Legal Name) _____ Phone Number () _____

Address _____ City _____ State _____ Zip Code _____

Program or Fund (if desired): _____

Tax Identification Number _____ Accrediting Association (if applicable) _____

I want to give \$ _____ dollars per pay period
 as an on-going payroll deduction **OR** for one pay period only

Employee Signature _____ Date _____

CHARITY 4

Name of Organization (Legal Name) _____ Phone Number () _____

Address _____ City _____ State _____ Zip Code _____

Program or Fund (if desired): _____

Tax Identification Number _____ Accrediting Association (if applicable) _____

I want to give \$ _____ dollars per pay period
 as an on-going payroll deduction **OR** for one pay period only

Employee Signature _____ Date _____

Thank you for your gift! Together we have the energy to give.

Additional copies of this form may be obtained from the Forms Library section of the Resources page of the www.ForMyInfo.com web site or you can update online at www.EnergyForOthers.org.

If you have any questions, e-mail us at energyforothers@sempra.com or call us at 1-877-SEMPRA9.

Energy for Others Main Office, c/o: Sempra Energy, 101 Ash St. - HQ10E, San Diego, CA 92101.