

Through Payroll Pledge, you help us help you.

The Motion Picture & Television Fund has been caring for the entertainment community for 80 years. Payroll Pledge is a way you can directly help this legendary charitable organization and care for your family and friends in the industry. The small percentage of your weekly pay that you pledge to the Fund is tax deductible. More important, it dramatically increases our ability to provide quality services when they're needed: health care, social services, child care, emer-

gency and charitable financial assistance, as well as independent and assisted living, and the nationally renowned program, Harry's Haven, which provides dignity, care and comfort for those with Alzheimer's and other forms of dementia.

Your contribution makes these services possible and ensures that MPTF will be here to care for your family and friends for generations to come.

Suggested Giving Guide

Donation amounts are an individual choice. The following is not exact but is a guide to help you determine the level of gift that you feel you would like to make.

Your annual income

	Weekly 2% gift	Weekly 1.5%	Weekly 1% gift
Up to \$15,000	Up to \$6	Up to \$4	Up to \$3
\$20,000	\$6-\$7	\$4-\$5	\$3-\$4
\$25,000	\$7-\$10	\$5-\$7	\$4-\$5
\$30,000	\$10-\$12	\$7-\$9	\$5-\$6
\$35,000	\$12-\$13	\$9-\$10	\$6-\$7
\$40,000	\$13-\$15	\$10-\$12	\$7-\$8
\$50,000	\$15-\$19	\$12-\$14	\$8-10
\$60,000	\$19-\$23	\$14-\$17	\$10-\$12
\$70,000	\$23-\$27	\$17-\$20	\$12-\$13
\$80,000	\$27-\$31	\$20-\$23	\$13-\$15

Method of Payment

PAYROLL DEDUCTION (I authorize my employer to deduct my total annual contribution from my paycheck in equal amounts)

1. I wish to give \$ _____ per paycheck 2. I wish to give _____ % annually
3. I wish to give a one-time gift of \$ _____ (Please attach check payable to the *Motion Picture & Television Fund* or write credit card information below)
- ___ American Express ___ MasterCard ___ Visa ___ Discover

Credit Card Number _____ Expiration Date ____/____/____ Social Security # _____

Signature (required for all contributions) _____

Printed name _____

Your employer _____

Name or local number of your union, craft or guild _____

Address _____

City _____ State _____ Zip _____

e-mail address _____

Thank You!



Motion Picture & Television Fund

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