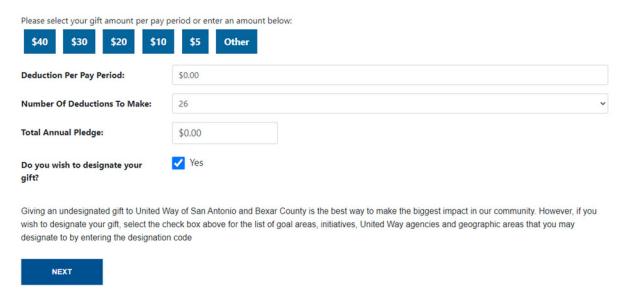
2023 United Way Campaign Donation Instructions – giveuw.org/chcs

User ID: your chcsbc.org email
Temporary Password: CHCS2023



2. Select whether you want to deduct the donation from your paycheck or whether you would like to use a debit or credit card. Both have an option for recurring or one-time payments. Most importantly, with both options CHCS employees must designate funds by clicking the 'Yes' beside the prompt to designate funds. Click 'NEXT' once complete.



3. On the 'Designations' Page, scroll down until you see the search bar and **type in code '940' or 'Center for Health Care Services Foundation'** (make sure not to make a typo)

Center for Health Care Services SEARCH

4. You will see our organization listed. Go ahead and click the **'+' icon** to designate. Type in **your** total amount to in the field beside it labeled "Designation Amount." This ensures the CHCS Foundation gets the total amount.

Total Pledge	\$130.00
Total Designated	\$130.00
Total Undesignated	\$0.00

IMPACT AND COMMUNITY PARTNERS

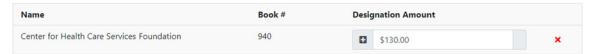
Click on United Way below to see the list of Impact and Community Partners

United Way of San Antonio and Bexar County

\$0.00

IMPACT AND COMMUNITY PARTNERS SEARCH

Type any part of the Impact and Community Partners name or the Impact and Community Partners code and click search. Once your search results appear click on the "+" next to the Impact and Community Partners. Enter an amount and click on the Add button.

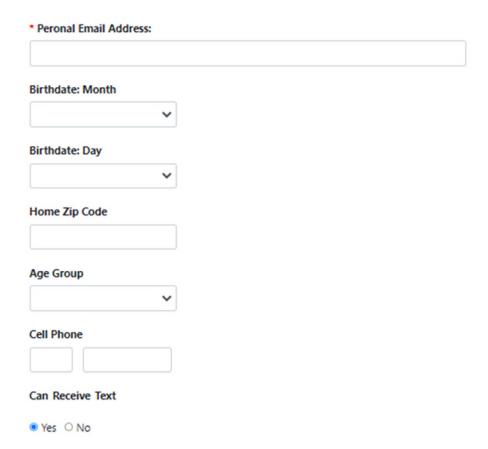


5. Click 'Next' to redirect to the 'Preferences' page



- 6. On the 'Preferences' page, be sure to click the checkbox that emails CHCS a copy of the donation.
 - Yes! Please forward my donor information to the agency(ies) I have designated. (Please provide a personal, non-work email address below.)

7. Continue with the rest of your information and move onto the 'Verification' Page



8. On 'Verification' page, Double check that your information is correct, and that your total is designated to the CHCS Foundation. Click 'confirm.'

Designated to	Designation #	Amount
Center for Health Care Services Fndtn	940	\$130.00
Total Designated		\$130.00
Total Undesignated		\$0.00