

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

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

User ID:

Password:

LOGIN

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.

Please select your gift amount per pay period or enter an amount below:

Deduction Per Pay Period:

Number Of Deductions To Make:

Total Annual Pledge:

Do you wish to designate your gift? ☒ Yes

Giving an undesignated gift to United Way of San Antonio and Bexar County is the best way to make the biggest impact in our community. However, if you wish to designate your gift, select the check box above for the list of goal areas, initiatives, United Way agencies and geographic areas that you may designate to by entering the designation code

NEXT

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

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.

| Name | Book # | Designation Amount |
|--|--------|--|
| Center for Health Care Services Foundation | 940 | <div><div>+</div><div>\$130.00</div><div>x</div></div> |

5. Click **‘Next’** to redirect to the **‘Preferences’** page

NEXT

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

* Personal Email Address:

Birthdate: Month

Birthdate: Day

Home Zip Code

Age Group

Cell Phone

Can Receive Text

☒ Yes ☐ No

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 |