



# HERO

## Honeywell Employees Reaching Out

2002 Fund Raising Campaign

### Step 1 Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 E ID Number: \_\_\_\_\_ Dept. Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

### Step 2 Choose a contribution level and payment type

Recurring deduction. Deduct this amount from each paycheck (Check One):

- \$5    \$10    \$15    \$20    \$40\*    \$\_\_\_\_\_ or  Retain Current Status  
 1% of my annual base pay (deducted in equal amounts from each paycheck).

\*\$40 per biweekly pay period (or more) qualifies you as a Leadership Giver.

- SHIRT ALERT!** I meet one of these criteria which qualifies me for a blue denim HERO shirt. My Champion will contact me regarding shirt size.
- 1% of Annual Base Pay Giver
  - \$1,000 Leadership Giver
  - \$500 Band 3 Giver
  - \$250 Band 1 or 2 Giver

- One-Time Payroll Deduction:** Deduct \$ \_\_\_\_\_ from first paycheck 2003  
 **Cash Donation:** Cash Donation of \$ \_\_\_\_\_ make check payable to "United Way"  
 **Visa/MasterCard:** Card No. \_\_\_\_\_ Amount per month \$ \_\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Step 3 Distribution

Enter agency name and code from Community Fund or Agency List in space provided. See reverse side for Targeted Care Area Code Numbers. The Agency List is available from your Campaign Champion or may be viewed on the HERO web site:

<http://less.honeywell.com/hero/>

If agency is not listed on Agency List, please provide address and phone number. Code Number

_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		
_____	_____	_____ %
Agency Name (no abbreviations)		

*Thanks for Giving  
Hope a Hand*



**Total (1 0 0)%**

Total distribution must equal 100%.

- Please provide my name to the agencies listed for a gift acknowledgement.

### Step 4

Please make a copy for your records.

Signature \_\_\_\_\_

Date \_\_\_\_\_