

# Be a Force for Good

Make a difference where it matters most to you.

## What is important to you?

You have the power to change our corner of the world by investing in our hospital and clinics through the **Be a Force for Good Associate & Provider Giving Campaign**. We know that everyone in our family (associates, providers, and volunteers) gives their time, their skills, and their effort, every day. Philanthropy represents an investment in our future and in programs that we all care about.

It's easy to give and 100% of your gift goes directly into the fund you designate and stays right here in our hospital and clinics. Each gift is 100% tax deductible and can be made by online donation, payroll deduction, cash, check or credit card.

This campaign is about finding and funding your passion! You are sure to find a cause that speaks to your heart among our current funds.

### More Than Wheels Patient Transportation Fund

Increasing patient transportation is about more than wheels. Your gifts to this fund go to our "After Hours" Fund for patient bus and cab fare and helps us operate our patient transport program.

### Bright Start OB Program

Bright Start goes beyond providing typical obstetric care, offering moms individualized care plans, comprehensive nutrition education, and health instruction.

### Associate Catastrophic Assistance Fund

This fund was specifically designed to help associates in crisis due to events such as an unexpected death in the family, unforeseen medical expenses or outstanding bills.

### OB Transportation Fund

This fund provides gas cards for high risk OB patients to travel to and from UCSF for apportionments with specialists.

### Project Restoration

The Project Restoration Fund supports Restoration House, a place for our most vulnerable clients to heal and find stability through intensive case management.

### Opportunity Knocks

This fund is managed entirely by AHCL associates. Associate contributions are pooled and twice a year, funds are distributed to clinics and departments that apply for innovative technology, equipment and programs that improve patient care.

### Tule House

Tule House provides pregnant women and moms struggling with drug addiction a safe living environment where they can receive treatment, stay with their children and learn life and parenting skills.

### Unrestricted

This fund allows the Philanthropy Council to direct funds where the need is greatest.

### Denim For A Cause

Wear your denim every Friday in support of the Associate Catastrophic Assistance Fund for a weekly donation of \$5.



# When you give, good happens!

Thank you for supporting Associate Giving. Please complete all four (4) sections of the form and print legibly.

## 1 Contact Information

Name: \_\_\_\_\_

Address (include City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Department: \_\_\_\_\_

I wish to remain anonymous and I do not give permission to be listed by name as a donor.

## 2 Funding Priority (You may select up to three funds.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bright Start Obstetrics Program        | <input type="checkbox"/> Project Restoration | <input type="checkbox"/> Opportunity Knocks Fund |
| <input type="checkbox"/> Associate Catastrophic Assistance Fund | <input type="checkbox"/> Tule House          | <input type="checkbox"/> OB Transportation Fund  |
| <input type="checkbox"/> More Than Wheels Fund                  | <input type="checkbox"/> Undesignated        | <input type="checkbox"/> Denim For A Cause       |

If you wish to donate to another fund, please contact the Philanthropy Office at 995-5757 to discuss your options.

## 3 Giving Options

### A. Payroll Deduction

- 1 HOUR per pay period.\*
- I pledge \$ \_\_\_\_\_ (an amount I choose) to be deducted from my paycheck each pay period.\*
- I pledge a total amount of \$ \_\_\_\_\_ to be deducted in equal amounts from each pay period until paid in full.
- I wish to make a one-time gift of \$ \_\_\_\_\_ through payroll deduction.  
\* Minimum \$5.00 deduction. Deductions will begin at the next pay period. Payroll deductions will continue until you inform the Philanthropy Office to cease the deductions. These deductions are conditional upon continued employment with AHCL.
- I pledge \$5.00 weekly/ \$10.00 per pay period to be deducted from my paycheck each pay period.

### B. Cash & Checks

Enclosed is cash or check (payable to AHCL) for \$ \_\_\_\_\_.

### C. Other

- I am interested in other donation options (credit cards, stock options, bequest, etc.).\*
- I am interested in making a tribute or memorial gift.\*  
\*The Philanthropy Office will contact you soon and provide you with further information.

## 4 Associate Signature

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form to the AHCL Philanthropy Officer  
15666 18th Avenue, Suite 102 | Clearlake, CA 95422

