

# Associate Giving Form



I am pleased to support the mission of Adventist Health Roseville.

## Gift Designation

This gift is **unrestricted** and may be used to support the most current needs of Adventist Health Philanthropy:

Please **designate this gift** to the specific purpose/center/service:

\_\_\_\_\_

## Automatic Payroll Deduction

Automatic Payroll Deduction gifts will remain in effect until the employee sends a written request to the Adventist Health Philanthropy to discontinue deductions. Associates will be recognized by the Adventist Health Philanthropy for their total annual giving.

## Hour Club Member

I would like to donate 1-hour per pay period

Hourly Rate \$ \_\_\_\_\_

\_\_\_\_\_  
Signature (I authorize Human Resources to release my hourly rate information to Philanthropy)

\_\_\_\_\_  
Date

## Recurring Payroll Deduction

I would like to make a gift of:  \$96  \$39  \$19  \$10  \$3.85  other \$ \_\_\_\_\_ each pay period.

## One-Time Gift

I would like to make a one-time gift of:  \$1,000  \$500  \$250  \$100  other \$ \_\_\_\_\_

Minimum Donation \$5

## Payment Method

- Cash  
 Personal check made payable to Adventist Health Philanthropy is enclosed  
 Payroll Deduction

Credit card For one-time gifts, recurring gifts, or pledge payments

Credit Card Online Secure gifts can be made at [adventisthealth.org/giving](http://adventisthealth.org/giving)

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Credit Card Number:  Visa  MasterCard  AmEx  Discover

Expiration Date (MMYY)

CVV

## Donor Information

Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
Primary Donor Name (as you would like it acknowledged and credited)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Unit/Department

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Personal Email

I prefer this gift to be anonymous.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

## Associate Giving Impact

I started giving since the first day I started work. God has been good to me, God has blessed me immensely, and I want to share that blessing with others. I trust Adventist Health that they will use that money in ways that I can't do by myself. When we all put our money together, the system can do more.

- Edgar Urbina, Adventist Health White Memorial

## Return this completed form to:

Adventist Health Philanthropy  
One Adventist Health Way  
Roseville, CA 95661  
giving@ah.org  
Phone: 916-406-1353