Associate Giving Form



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

Gift Designation ☐ This gift is unrestricted and	d may be used	to support	the most	t curre	nt ne	eds of	f Adv	entis	t Hea	alth C	lear L	ake F	hilantl	nropy:			
☐ Please designate this gift t	to the specific p	purpose/ce	enter/serv	/ice:				_									
Automatic Payroll Dedu Automatic Payroll Deduction gifts will discontinue deductions. Associates wil	remain in effect ur	ntil the emplo y the Adventi	oyee sends i	a writte lear Lak	n reque e Philai	est to t	the Ad	lventis heir to	t Heal Ital an	th Clea	ar Lake ving.	Philar	nthropy	to			
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 Deductio ☐ I would like to make a gift of	on E: □\$100 □\$	\$50 □ \$2	20 🗆 \$1	0 🗆	\$5		other	\$				€	each pa	ay period			
One-Time Gift I would like to make a one-ti Payment Method Cash Personal check made payable Payroll Deduction Credit card For one-time gifts, recu	e to Adventist	Health Cle	ar Lake Pl	nilanth	ropy	is enc	losed	J						org/giving			
Credit Card Number: □ Visa □ MasterCar	rd \square AmEx \square Dis	cover						Expira	tion Da	te (MM	(YY)		CVV				
Donor Information				Δ			•			-1							
□ Dr. □ Mr. □ Mrs. □ Ms.				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.													
Primary Donor Name (as you would like it acknowledged and credited)					n we								by my m can				
Employee ID #	yee ID # Unit/Department					- Edgar Urbina, Adventist Health White Memorial											
Home Address																	
City	State	Zip	-	Returr	n this c	comple	ted fo	orm to):								
Phone	Phone Personal Email					Adventist Health Clear Lake Philanthropy P.O. Box 6710 Clearlake, CA 95422											
☐ I prefer this gift to be anonym	ous.			giving@	ah.org												

Date

Signature (required)