Gift / Pledge Form

Adventist Health | Bakersfield Foundation

I am / We are pleased to support the mission of Adventist Health through a gift/pledge of $_____.

Gift Designation

☐ This gift is **unrestricted** and may be used to support the most current needs of Adventist Health Bakersfield.
☐ Please **designate this gift** to the specific purpose/center/service: _____
☐ This gift is ☐ in memory of ☐ in honor of _____

_____

Notify _____ Address_____

Giving Method

One-Time Gift

☐ One-time gift in the amount of $_____
☐ I would like to honor my pledge in a single gift by the end of _____ (year)

Recurring Credit Card Gift

☐ $ _____ charged ☐ Monthly ☐ Quarterly ☐ Annually

Pledge

☐ I (we) wish to make a pledge of fulfilled with installments of $_____ each ☐ month ☐ quarter
☐ six-months ☐ year beginning _____ (date) Pledges can be no longer than 5 years.
☐ My first pledge payment of $_____ is enclosed optional
☐ Please send pledge reminders in advance of these installment due dates

Payment Method

☐ Personal check made payable to Adventist Health Bakersfield Foundation is enclosed for one-time gifts or first pledge payments
☐ Other payment method ☐ Stocks or Other Securities ☐ IRA Qualified Charitable Distribution ☐ Property list details below
☐ Donor Advised Fund Grant, guaranteed with personal funds if DAF Sponsor declines
☐ Other _____ please detail

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

Credit Card Online Secure gifts can be made at adventisthealth.org/giving

Credit Card Number: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Expiration Date (MMYY)

CVV

Donor Information

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. *OR* ☐ Business

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

_____
Spouse/Partner Name (only provide if this is a joint gift)

_____
Address

_____
City State Zip

_____
Phone Email

☐ I/we prefer this gift to be anonymous.

_____
Signature (required) Date

Matching Gifts

Many companies match donations to Adventist Health Bakersfield Foundation made by their employees. By taking advantage of this benefit, you may double or even triple the value of your contribution.

Check with your human resources office to learn whether your employer matches charitable gifts.

Does your company match gifts? ☐ Yes ☐ No

Company Name _____
☐ My matching gift form is enclosed
☐ My employer and/or I will send the form at a later date

Return this completed form to:
Adventist Health Bakersfield
Adventist Health Bakersfield Foundation
P.O. Box 1759
Bakersfield, CA 93302
AHBDfoundation@ah.org
661-863-2570