

Associate Giving Form



Bakersfield Foundation

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

Gift Designation

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

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 Bakersfield Foundation to discontinue deductions. Associates will be recognized by the Adventist Health Bakersfield Foundation 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 Bakersfield Foundation 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

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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 Bakersfield Foundation
P.O. Box 1759
Bakersfield, CA 93302
AHBDFoundation@ah.org
Phone: 661-863-2570