

Associate Giving Form



Tehachapi Valley Foundation

I am pleased to support the mission of Adventist Health Tehachapi Valley.

Gift Designation

- This gift is **unrestricted** and may be used to support the most current needs of Adventist Health Tehachapi Valley 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 Tehachapi Valley Foundation to discontinue deductions. Associates will be recognized by the Adventist Health Tehachapi Valley 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 Tehachapi Valley 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

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 Tehachapi Valley Foundation
1100 Magellan Dr
Tehachapi, CA 93561
AHTVfoundation@ah.org
Phone: 661-863-2570