Associate Giving Form

Adventist Health Portland

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

Gift Designation

☐ This gift is **unrestricted** and may be used to support the most current needs of Adventist Health Portland Foundation.

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

Cornerstone Fund (Area of Greatest Need)

Automatic Payroll Deduction

Automatic Payroll Deduction gifts will remain in effect until the employee sends a written request to the Adventist Health Portland Foundation to discontinue deductions. Associates will be recognized by the Adventist Health Portland 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 Portland 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 Portland Foundation
10123 SE Market Street
Portland, OR 97216
giving@ah.org
Phone: 503-251-6197