

# Associate Giving Form

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

## Gift Designation

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

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

**The Greatest Need Fund**

Automatic Payroll Deduction gifts will remain in effect until the employee sends a written request to the Adventist Health Sonora Foundation to discontinue deductions. Associates will be recognized by the Adventist Health Sonora 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:  \$30  \$20  \$10  \$5  \$2.50  other \$ \_\_\_\_\_ each pay period.

I would like to make a one-time gift of:  \$1,000  \$500  \$250  \$100  other \$ \_\_\_\_\_  
Minimum Donation \$5

- Cash
- Personal check made payable to Adventist Health Sonora 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 [sonora.give.adventisthealth.org/donate](https://sonora.give.adventisthealth.org/donate)

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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 Sonora Foundation  
1000 Greenley Road  
Sonora, CA 95370  
giving@ah.org  
Phone: 209-536-5029

### Make a one-time gift at:

[sonora.give.adventisthealth.org/donate](https://sonora.give.adventisthealth.org/donate)