

I am pleased to support the mission of Adventist Health and Rideout.

Gift Designation

- This gift is **unrestricted** and may be used to support the current greatest needs of Rideout Health Foundation.
- Please **designate this gift to**:
 - Associate Emergency Assistance
 - Capital Campaign - Heart and Surgical Care

Automatic Payroll Deduction

Automatic Payroll Deduction gifts will remain in effect until the employee sends a written request to Giving@ah.org to discontinue deductions. Associates will be recognized by the Rideout Health Foundation for their total annual giving.

Hour Club Member

I would like to donate 1-hour per pay period Hourly Rate\$ _____

Recurring Payroll Deduction

I would like to make a gift of: \$100 \$50 \$25 \$10 \$5 other \$ _____ each pay period.

One-Time Gift

I would like to make a one-time gift of: \$500 \$250 \$100 \$50 \$25 other \$ _____

Payment Method

Minimum Donation \$5

- Cash
- Personal check made payable to Rideout Health 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 adventisthealthrideout.org/give

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Credit Card Number

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Expiration Date (MMYY)

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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

Return this completed form to:

Rideout Health Foundation
414 G. Street #130
Marysville, CA 95901
Giving@ah.org
Phone: 530-751-4070