Gift Agreement

This agreement is to summarize the mutual understanding between _____ (Donor) and Adventist Health Glendale Foundation (AHGLF).

Donor(s) hereby unconditionally pledge to give Adventist Health Glendale Foundation, $_____ (_____) and acknowledge that this Agreement represents a personal obligation.

Donor(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

This pledge will be fulfilled by payment composed of either cash and/or marketable securities, according to the following schedule:

$ _____ by _____

$ _____ by _____

$ _____ by _____

$ _____ by _____

$ _____ by _____

Please designate my gift to the following: _____

Recognition of this gift will be in accordance with the established Adventist Health Glendale Foundation policies and procedures. Adventist Health Glendale Foundation will be pleased to discuss with Donor(s) acceptable options for their consideration.

Preferred Donor Recognition Name: _____

The Donor(s) agree(s) to allow Adventist Health Glendale Medical Center to publish their names in various publications and press releases.

Agreed to by Donors:

_____ Date: _____

_____ Date: _____

Accepted by:

Adventist Health Glendale Foundation, a 501(c)(3) nonprofit tax-exempt organization (Federal Tax ID #95-3899682)

_____ Date: _____

Elizabeth LaBorde
President

Please mail completed agreement to:

Adventist Health Glendale Foundation
1509 Wilson Terrace
Glendale, CA 91206

Or email to:
AHGLFoundation@ah.org

For questions please call:
Adventist Health Glendale Foundation
818-409-8055

AdventistHealth | Glendale Foundation

Inspiring health, wholeness and hope – Together
Thank you for your support!