



Glendale Foundation

Be a Mission Owner

Associate Donation Sign Up Form

Living God's love by inspiring health, wholeness, and hope

Mr. Mrs. Ms. Dr.

First _____ Last _____

Home Address _____

City, State ZIP _____

Phone _____

Email _____

Signature _____ Date _____

Employee Id # _____ Start Date _____ Bldg/Floor _____

Your gift is tax deductible. An acknowledgement and tax receipt will be sent to your home address.

Payroll Deduction	
<p>Recurring Payroll Deduction</p> <p>\$ _____</p> <p>Per pay period</p> <p><i>You may contact Foundation office to pause or end payroll deduction at any time.</i></p>	<p>One Time Gift by Payroll Deduction</p> <p>\$ _____</p> <p>Total gift amount</p> <p><i>Gift will be deducted within 1-3 pay periods.</i></p>

Choose the impact of your gift: How are you going to be a Mission Owner?

By inspiring wholeness.

Area of Greatest Need

Allows Adventist Health Glendale to meet our community's most urgent needs.

By inspiring health.

Cardiac Catheterization Lab

Support investments in equipment improvements.

By inspiring hope.

Employee Hardship Fund

Provides short-term assistance to colleagues experiencing a crisis or emergency.

Area of Greatest Need

Cardiac Catheterization Lab

Employee Hardship Fund

Other (please specify) _____