



Rideout Foundation

Be a Force for Good
Associate Giving Program

Associate Information:

Name: _____ Email: _____

EPID #: _____ Location/Department: _____

Gift Acknowledgement/Receipt:

Mailing Address: _____

City: _____ ST: ___ ZIP: _____

Phone (_____) _____ Email: _____

I prefer to remain anonymous (no recognition).

I would like to receive Foundation communications, including updates and invitations, via email.
(One receipt will be mailed for all recurring gifts at the end of the year)

Gift Options:

1. Automatic Payroll Deduction:

\$100/pay period (\$2600 - Gold Level - 12"x 14" pillar recognition)

\$40/pay period (\$1040 - Silver Level - 9"x 10.5" pillar recognition)

\$20/pay period (\$520 - Copper Level - 6"x 7" pillar recognition)

\$10/pay period (\$260 - Bronze Level - 3"x 3.5" pillar recognition)

\$7/pay period

\$5/pay period

\$___/pay period

I authorize the above recurring deduction for one year (26 pay periods).

I authorize the above recurring deduction to continue until I choose to stop.

Signature (Required for payroll deduction)

Today's Date

I am authorizing a recurring charitable gift through payroll deduction to the Rideout Foundation. I understand that I must complete my commitment in full before receiving the recognition indicated above. I also understand that I can revoke this authorization anytime by providing the Rideout Foundation with a two week advance written notice.

PLEASE RETURN TO: Rideout Foundation, 414 G. St. #130, Marysville, CA 95901 or AHROfriends@ah.org

2. One Time Contribution:

\$2600 - Gold Level - 12"x 14" pillar recognition

\$1040 - Silver Level - 9"x 10.5" pillar recognition

\$520 - Copper Level - 6"x 7" pillar recognition

\$260 - Bronze Level - 3"x 3.5" pillar recognition

My one time gift is \$ _____

Online (<https://rideoutgiving.adventisthealth.org/>)

Check (payable to the Rideout Foundation)

Credit Card (American Express Discover MasterCard Visa)

Card Number

Exp. Date

Signature

Today's Date

Gift Designation:

AHRO Mission Support
unrestricted support for the Mission

Heart & Vascular
equipment and program support

Associate Emergency Assistance
financial support fund

Healthy Community Initiatives
street nursing, food instability, etc.

Birth Center/NICU
equipment and program support

Hospice
equipment and program support

Cancer Center
equipment and program support

Nursing Scholarships
program support

Cancer Center - Patient Support
patient resources and emergency support

Rideout Regional Medical Center
equipment and program support

Fountains/Gardens/Courtyard
equipment and program support

Spiritual Care
program support