



Simi Valley Foundation

AMBASSADOR

Associate Giving Program

Giving Opportunities

GIFT OPTIONS:

- One time gift
- Recurring gift
- Gift pledge \$ _____ 3 years / 5 years (*circle one*)
- Extend current gift pledge \$ _____ 3 additional years / 5 additional years (*circle one*)

PAYMENT METHOD:

1. Credit Card
2. Check (*payable to Adventist Health Simi Valley Foundation*)
3. Please bill me.

FUND TO SUPPORT:

- \$ _____ AHSV Foundation General Fund (area of greatest need)
- \$ _____ HOPE (Associate Emergency Assistance Fund)
- \$ _____ Other
- \$ _____ **Total Gift**

PAYMENT FREQUENCY:

1. Monthly (1st and 15th of the month)
2. Quarterly (1st or 15th of Mar, Jun, Sept, Dec)
3. Annually on ____ / ____ / ____
mo day year

DONOR INFORMATION:

Name: _____ DOB: _____

Email: _____ Associate #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

Visa/MasterCard/AMEX: _____ Expiration Date: _____ CVC: _____

Signature: _____ Date: _____

PREFERRED RECURRING DONOR GIFT Lanyard Badge Holder

I understand that I am opting to make a (one-time / recurring) gift to Adventist Health Simi Valley Foundation. I acknowledge that I have read this authorization, understand it, and voluntarily agree and consent to its provisions. I also understand that I can revoke this authorization by giving Adventist Health Simi Valley Foundation one week advance written notice.

PLEASE RETURN TO: AHSV Foundation, 2975 N. Sycamore Drive, Simi Valley, CA 93065