



Simi Valley
Foundation

AMBASSADOR

Associate Giving Program

Payroll Deduction Form

GIFT INFORMATION

I authorize the amounts indicated below to be deducted from each pay period and contributed toward:

\$ _____ AHSV Foundation General Fund (areas of greatest need)

\$ _____ HOPE Associate Emergency Assistance Fund

\$ _____ Other _____

\$ _____ TOTAL PER PAY PERIOD

DONOR INFORMATION

Associate Name: _____

Associate #: _____ DOB: _____

Department: _____ Work Ext: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Email Address: _____

Signature: _____ Date: _____

PREFERRED DONOR GIFT Lanyard Badge Holder

I want to participate in the Ambassador Associate Giving Program. I have decided to deduct from my payroll the listed contributions 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