



## Employee Giving Form

**1. I would like to make my contributions through:**

- Check and amount \_\_\_\_\_
- Credit Card and amount \_\_\_\_\_ Card Number \_\_\_\_\_  
Expiration \_\_\_\_\_ CVV Code \_\_\_\_\_ Name on Card \_\_\_\_\_
- Hour Club (payroll deduction of one hour of pay per pay period)
- Payroll Deduction (one time) and amount \_\_\_\_\_
- Payroll Deduction (on-going) and amount per pay period \_\_\_\_\_

**2. I would like to contribute to the following Adventist Health Portland priorities:**

- \$ \_\_\_\_\_ Cornerstone Fund: Greatest Need (240200)
- \$ \_\_\_\_\_ Employee Assistance Fund (242300)
- \$ \_\_\_\_\_ Family Birthplace (242200)
- \$ \_\_\_\_\_ Cancer Care (241176)
- \$ \_\_\_\_\_ Cardiac Care (241210)
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

**3. My Information**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Form Return Options:**

**Interoffice mail:** AH Foundation, West Pavilion, Ste 144

**FAX to:** (503) 261-6089

**E-mail scan or photo of form to** [BentleNA@ah.org](mailto:BentleNA@ah.org)

**Questions?** Please call the Foundation office at (503) 251-6197