GIVING BACK BEGINS WITH US
Employee Giving Campaign

AHS employees are awesome!
Your contributions and willingness to go above and beyond the work you do every day helps support essential programs and services such as:

- Transportation vouchers for those unable to travel to appointments
- Youth programs such as HealthPATH
- The Patient Assistance Fund

JOIN YOUR CO-WORKERS BY INVESTING IN CARING, HEALING, TEACHING, SERVING ALL
Giving back begins with all of us. Together, we can make an impact on those that need it most.

GIVING BACK WITH US...
Choosing to donate to the Employee Giving Campaign indicates that you believe so strongly in what happens at AHS that you are willing to support it above and beyond your everyday work by making a gift.

Employee participation also allows us to deepen the level of philanthropy that we’re fortunate to provide.

CREATE AN IMPACT YEAR-ROUND
Make a gift every pay period or month to sustain programs and services year-round.

Together, our contributions make a statement to those outside our immediate health system family—to our neighbors, corporations, and philanthropic organizations—that we wholeheartedly believe in our mission, and that they should too.

WAYS TO GIVE:
- Check
- Credit card
- Payroll deduction
- Paid time off

GIVE WITH CONFIDENCE
Donations are 100% tax deductible

Small Gifts = Big Impact!
Imagine the collective impact your gift will have if all 4,000 AHS employees contribute! Your gift of any size will make a difference.

- Care in 26 Languages...
  $5 per pay period can fund a test that qualifies a bilingual AHS employee to provide interpretation services

- Welcome to the World...
  $10 per pay period can fund materials for CenteringPregnancy visits that support healthy birth outcomes

- Leaders of Tomorrow...
  $15 per pay period can fund scholarship for a high school student to complete an AHS internship

- Fresh Food, Fresh Possibilities...
  $40 per pay period can fund bags of fresh, local produce for a 9-week healthy eating program

- Deep Breath In...
  $80 per pay period can fund spirometers at one of our wellness centers for use in treating patients who suffer from asthma

Contact: Nyjeri Whipps | Director of Annual Giving
(510) 271-2506 | nwhipps@alamedahealthsystem.org
Yes! I will invest in Caring, Healing, Teaching, Serving All

1. Name: ________________________________
Mailing Address: ________________________________
City: __________________ State: ______ Zip: ______ Phone: ______
Email: ________________________________
List my name in print as: ________________________________ OR O Anonymous
AHS Location: __________________ Department/Unit: ________________________________

2. PAYROLL: I pledge to support the Employee Giving Campaign via AHS Payroll:
O Recurring | Make an impact all year round!
   O $_____ per pay period UNTIL O I cancel
   O Or date: ________________________________
O One-time gift
   O $_____ payroll deduction OR O_____ hours PTO (paid time off)
Signature: __________________ Date: __________

By signing, you authorize AHSF to automatically process your gift according to the terms selected above. For bi-weekly gifts via payroll deduction, this agreement shall remain in effect until revoked by you through a written request to AHSF, allowing 30 days to process the request. Employees making a PTO gift must have a balance of PTO available to fulfill their pledge after required deductions including those legally required when cashing out PTO, and may be contacted by Alameda Health System payroll services for additional information.

3. CREDIT CARD/CHECK I would like to support the Employee Giving Campaign via check or credit card:
O Check payable to Alameda Health System Foundation O Recurring | Make an impact all year round!
O Visa O MasterCard O American Express
Card Number: __________________________ Exp: ______ CVV: ______
Billing Address: __________________________________________________________________________
City/State/Zip: __________________________ Name on Card: ________________________________
Signature: __________________________ Date: __________

Optional: Please designate my gift to (select AHS fund or a specific location below):
   O The AHS Fund: I want to support areas of greatest need across Alameda Health System
   OR
   O An AHS location: __________________________

Optional: My gift is in honor or memory of...
Name: ________________________________ O Honor O Memory
Please send notification of my gift to:
Address: ______________________________________________________________
City: __________________ State: _____ Zip: ______

Optional: I would like to leave a legacy...
O Please send me information about making a legacy gift in my will, trust, estate or other planning options
O I have included Alameda Health System Foundation in my estate plans

Return your pledge form by mail to Alameda Health System Foundation at 350 Frank H. Ogawa Plaza, Suite 900, Oakland, CA 94612 or by email to Nyjeri Whipps, Director of Annual Giving, at nwhipps@alamedah Healthsystem.org, or online at www.foundationahs.org/employee-giving