

# 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

[Give Now](#)



**Contact:** Nyjeri Whipps | Director of Annual Giving  
(510) 271-2506 | [nwhipps@alamedahealthsystem.org](mailto: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  Anonymus  
AHS Location: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

**2** **PAYROLL:** I pledge to support the Employee Giving Campaign via AHS Payroll:  
 **Recurring** | *Make an impact all year round!*  
 \$\_\_\_\_\_ per pay period **UNTIL**  I cancel  
 Or date: \_\_\_\_\_  
 **One-time gift**  
 \$\_\_\_\_\_ payroll deduction **OR**  \_\_\_\_\_ 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:  
 Check payable to Alameda Health System Foundation  
 Visa  MasterCard  American Express |  **Recurring** | *Make an impact all year round!*  
Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**5** *Optional:* My gift is in honor or memory of...  
Name: \_\_\_\_\_  Honor  Memory  
Please send notification of my gift to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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