

2015 Alameda Health System EMPLOYEE GIVING CAMPAIGN

opportunities

The Campaign for Alameda Health System

PLEDGE FORM

Yes, I want to invest in the health of my community! Please accept my gift so I can be part of OPPORTUNITIES: The Campaign for Alameda Health System.

Section One - Contact Information

Name: _____ Employee ID: _____
AHS Campus: _____ AHS Dept: _____
AHS Email: _____@alamedahealthsystem.org AHS Phone: _____
Home Email: _____ Home Phone or Cell: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Section Two - Gift Recognition

- I/we prefer the gift be anonymous.
- Please indicate how you wish your gift to be recognized in printed material. (Please Print): _____
(Note: The Foundation generally acknowledges couples as "Mr. and Mrs. John Doe" or "Mary and John Doe.")
- My/our gift is: in honor of in memory of: _____

- 1.) **Enter the amount and type of gift** (on back): one-time donation, monthly pledge, or recurring payment.
- 2.) **Select your payment method** (on back): personal check, credit card or payroll deduction. Please sign and date for authorization. *Payroll deduction will take effect one month after the submission of this form.*
- 3.) **Return your pledge form.** Fax to 510-271-2501, email it to Laura Sargent, lsargent@alamedahealthsystem.org, or mail it to the address below.

OPPORTUNITIES: The Campaign for Alameda Health System
c/o Laura Sargent
Alameda Health System Foundation
350 Frank H. Ogawa Plaza, Suite 900
Oakland, California 94612-2016

- 4.) **You can also make your gift online:** www.foundationahs.org/employee-giving

We are asking the AHS family to consider **donating one hour per pay period**, which will help ensure every patient receives the care they need.

Section Three - Pledge Terms

Please select a gift type (check, credit card or payroll deduction) and enter gift amount and payment method. You may choose more than one gift type to fulfill your total desired gift.

CHECK

Enclosed is my check in the amount of \$ _____. (Please make checks payable to AHSF)

CREDIT CARD*

I authorize AHSF to charge my credit card for a one-time gift of \$ _____.

I authorize AHSF to charge my credit card \$ _____ a month for _____ months.*

* Minimum credit card pledge is \$10 per month.

Card Type

Cardholder Information

Billing Address

Check here if same as mailing address

Visa Name _____ Line 1 _____

MasterCard Card Number _____ Line 2 _____

American Express Expiration Date _____ City _____

Security Code: _____ State _____ Zip _____

(Please sign at the bottom of this page for credit card authorization)

PAYROLL DEDUCTION

The minimum amount for payroll deduction is \$5 per pay period.

I authorize payroll deduction for a one-time gift of \$ _____.

I authorize payroll deduction bi-weekly payments of \$ _____ per pay period for _____ months.**

I authorize payroll deduction recurring bi-weekly payments of \$ _____.**

PAID TIME OFF (PTO)

In addition to or in place of Payroll Deduction, AHS Employees may make a one-time contribution using unused PTO each year of the campaign (3 years total). Employees must adhere to the existing PTO sell-out policy but may direct "sell out" proceeds to AHSF.

I authorize PTO deduction for a one-time gift of _____ hours**

I authorize PTO deduction annual payments of _____ hours a year for _____ years.**

**Employees paid bi-weekly will have deductions taken from each paycheck. Deduction forms will be processed immediately upon receipt by AHS Payroll Services; however, due to processing requirements and deadlines, this payroll deduction may take up to two (2) pay periods to begin. Employees using PTO to fulfill a campaign commitment must have a balance of PTO available to fulfill the gift commitment after required deductions including those legally required when cashing out PTO and may be contacted by AHS Payroll for additional information.

This agreement shall remain in effect until revoked by me, allowing up to 30 days' time to change the payroll records in order to make effective this assignment or revocation thereof. Upon termination of employment with AHS, this authorization will no longer be in effect. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by AHS and no adjustment will be made in the subsequent pay periods for amounts not deducted by reason of insufficient earnings.

Payroll Deduction Employee Signature Authorization _____

(Also serves as authorization for those making a gift by credit card)

Questions? Contact Laura Sargent, Director of Annual Giving at Alameda Health System Foundation, at (510) 271-2506 or lsargent@alamedahealthsystem.org.