

GIVING BACK BEGINS WITH US

Finish 2017 strong with a year-end gift to the AHS Fund



AHS employees are awesome!

Your contributions and willingness to go above and beyond the work you do every day, helped support essential programs and services such as:

- Taxi vouchers for patients to access medical treatment
- State-of-art equipment to save lives
- Expert training for medical residents
- Food for patients in need

JOIN YOUR CO-WORKERS BY INVESTING IN CARING, HEALING, TEACHING, SERVING ALL

Giving back begins with all of us. Your gift is an excellent investment in our patients and our mission.

GIVING BACK WITH US...

is an exciting way to make an extra special difference at AHS. Your gift shows that you are proud of the exceptional health care we provide.

Your investment:

- **Benefits** all of our patients and facilities
- **Demonstrates** your support to our community
- **Supports** programs with the greatest need

WAYS TO GIVE:

- Check
- Credit card
- Payroll deduction
- Paid time off

CREATE AN IMPACT YEAR ROUND:

- Make a gift each pay period
- Give one hour or more of PTO each pay period

DID YOU KNOW?

Giving bi-weekly via payroll deduction can help 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 so should they.

Your contribution will include special recognition after giving a cumulative gift of \$3,000.

SMALL GIFTS = BIG IMPACT!

Imagine the collective impact your gift will have if all 4,500 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 and support healthy birth outcomes



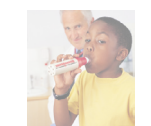
Leaders of Tomorrow...

\$15 per pay period can fund a 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 an entire cohort of a 9-week healthy eating program



Deep Breath in...

\$80 per pay period can fund a spirometer at one of our wellness centers, for use in treating patients who suffer from asthma

[Give Now](#)

GIVING BACK BEGINS WITH US

Yes! I will invest in Caring, Healing, Teaching, Serving All

1

Name: _____ Employee ID: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

List my name in print as: _____ Anonymous

2

I pledge to support the Giving Back Begins with Us Campaign:

Sign me up for payroll deductions of \$_____ per pay period

(Bi-weekly gift via payroll deduction. Minimum cumulative contribution to receive special recognition is \$3,000)

One-time gift via check, credit card, or payroll deduction in the amount of \$_____

One-time gift via paid time off (PTO) in the amount of _____ hours

3

I would like to fulfill my pledge via:

Check Payable to Alameda Health System Foundation Payroll Deduction Paid Time Off

Visa MasterCard American Express

Card Number: _____ Exp: _____ Sec: _____

Billing Address: _____

City/State/Zip: _____ Name on Card: _____

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.

Signature: _____ Date: _____

4

Optional: Please designate my gift to (select AHS fund or a specific program below) :

The AHS Fund: I want to support areas of greatest need across Alameda Health System **OR**

Patient Navigation Program

Maternal Child Health Services

HealthPATH Scholarships

Internship & Residency Programs

Family Services: Sleeper Chairs

Volunteer Programs

Prosthetic Services

Trauma Services

HIV Services

Psychiatric Services

Rehabilitation Equipment

Patient Experience: Magazines

Refugee Health Clinic

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 ways to make a legacy gift in my estate plan

I have included Alameda Health System Foundation in my estate plan