

Your Mission is to be a:

CARING ACTING RESPONDING EMPLOYEE

*Improving Patient Care
One Donor at a Time*

At Adventist HealthCare, we work together to heal the minds, bodies and spirits of our patients and their families.

By giving to C.A.R.E. you are touching more lives, strengthening our communities and enhancing our ability to provide quality, compassionate care to all those we serve. In the past, C.A.R.E. funds have supported vital supplies and projects such as new wheelchairs, stretchers, Compassion Fatigue Workshop and Schwartz Center Rounds, a program designed to strengthen the caregiver-patient relationship.

Should you choose to contribute to this program, you can make a one-time cash gift, donate unused PTO or pledge continued support through payroll deductions. Your gift, no matter the size, is greatly appreciated and makes a meaningful impact in our community. Thank you for your support!



The Benefits of Giving

- Donations are tax-deductible in accordance with IRS regulations
- Gift for donors who give \$390 and above
- Listing in entity publications and donor displays



Please return your completed form:

BY EMAIL

CAREcampaign@ahm.com

BY FAX

301-315-3043

BY INTEROFFICE MAIL

Support Center
ATTN: Philanthropy Dept.,
6th floor

Need more info?

Or for questions about designated funds to a particular area of interest or campaign,

CONTACT

Kelly Shotwell
301-315-3305 or KShotwel@AdventistHealthCare.com

Thank you!



C.A.R.E.

Caring Acting Responding Employees
Adventist HealthCare Employee Giving Program

*Improving
Patient Care
One Donor
at a Time*





Where will you make a difference?

Please designate up to two Adventist HealthCare entities for your gift or join our President's Circle of Friends and support up to five. Your donation will help us fund your chosen entities' areas of greatest need.

- Adventist HealthCare Home Care Services**
- Adventist HealthCare Rehabilitation**
- Adventist HealthCare Shady Grove Medical Center**
- The Lourie Center for Children's Social & Emotional Wellness**
- Our Community Transformed, the Capital Campaign for Adventist HealthCare White Oak Medical Center**

*If no project is selected, gifts will support your home entity.



Yes, I Pledge to C.A.R.E.

AHC Employee ID# _____ Department _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please make my gift anonymous. Please use this name to recognize my gift: _____

Signature _____

by signing you are agreeing to payment as indicated below

PAYROLL DEDUCTION

New pledges will begin in the new year and gifts will continue until you request cancellation or changes.

BI-WEEKLY DEDUCTION

- Presidents Circle of Friends \$20 per paycheck= \$520 a year \$10 per paycheck= \$260 a year
- \$38.50 per paycheck= \$1,000 per year \$15 per paycheck= \$390 a year \$5 per paycheck= \$130 a year
- Other: \$ _____ x 26 = _____ per year

ONE-TIME DEDUCTION in first pay period of new year:

(circle one) \$25 \$50 \$100 \$ _____

PAID TIME OFF

PAID TIME OFF *Please see PTO Policy 2.120 for full details.*

_____ hours

Please note: PTO donations are considered taxable income. The cash value of your donation will not be your gross salary, but 58 percent of the gross amount because of the higher tax rate on supplemental income. Donors must maintain 80 hours in PTO balances. Please allow one month for processing and alert us if you are at risk of PTO loss.

PRESIDENT'S
Circle of Friends

Join us for our annual breakfast with entity leaders and get highlighted recognition with a gift of

\$38.50 per pay period
or **\$1,000** in total giving

ONE-TIME GIFT

CASH/CHECK \$ _____

Please make checks payable to the entity to which you are giving.

CREDIT CARD \$ _____

Card Type _____ Number _____

Exp. Date. _____ / _____ CVV # _____

