

Adventist Health Lodi Memorial is more than a not-for-profit hospital; we are the compassionate hands and inspired hearts creating impact in our community. Together we are inspired and together we are *ONE Heart Giving*.

A career is more than a job. If your career goal is to be the best you can be, then you have undoubtedly discovered the way to grow beyond professional skills is to give of yourself to help others and share your blessings. Be it in the workplace, home or community, when you give, life improves.



What is One Heart Giving?

The Lodi Memorial Hospital Foundation has developed a program to help you grow your career while helping others. A new Associate Giving Program (AGP), based upon payroll deductions, has been developed to assure that you have the opportunity to help on a regular and recurring basis. Funds from this program will be used at Adventist Health Lodi Memorial and the greater Lodi community to support the highest need in an area or a program you designate.

You can select an amount to be allocated from each paycheck for a one-time gift, recurring to a date certain, recurring until a pledge goal is reached or recurring until modified by you. If you are like most of us, an extra coffee or snack won't be missed, but helping others will make a difference. Please consider registering for payroll deductions and express your gratitude and share your generosity.

How To Give

Online: www.LMHFoundation.org/agp or complete the form below and mail to the Lodi Memorial Hospital Foundation or email to lcochrane@lmhfoundation.org

ABOUT YOU

(Please Print)

Name _____

Dept _____ Email _____

Phone _____

Address _____ City _____ ZIP _____

WHERE I WISH TO IMPACT:

Please direct my gifts to: *(Indicate \$ amount for each category)*

___ Highest need ___ Current campaign

___ Care Club ___ Other: _____

HOW I WISH TO IMPACT

Payroll Deduction: I authorize the following amount to be

deducted from my paycheck each pay period, beginning immediately.

\$ _____ amount per pay period

Ongoing (Your gift will be deducted each pay period until you make an adjustment)

Deduct until ____ / ____ (end date)

Deduct until \$ _____ pledge amount is reached

One-Time Gift of \$ _____

AUTHORIZATION Please sign before printing (We must have your signature to process your gift)

Signature _____ Date _____