GROW TOGETHER
EMPLOYEE GIVING PROGRAM

VISION 2020
The Campaign for a WHOLE Tomorrow

What is Grow Together?

Our employee giving program is lead by a passionate group of employee volunteers and philanthropy staff. It provides an opportunity for Loma Linda University Health employees to give back and support their passion. While your dedicated work goes beyond measure, making a voluntary philanthropic contribution is another way to strengthen our hospitals, our schools and the countless people we serve.

How to Give?

You can give any amount you choose through payroll deductions (24 deductions each year), cash, check or credit card (recurring option also available).

Why Give?

Employees are our strongest advocates for our mission and the people we serve. Right now, you have the opportunity to be part of the largest campaign in our organization's history. Involvement in Vision 2020 sends a clear message to those closest to the organization that our employees believe in sustaining Loma Linda University Health through their work and charitable support.

Who to Contact?

Please call the office of philanthropy at **909-558-5358** or **ext. 55358**. We will be more than happy to answer any questions about GROW TOGETHER. You may also visit **lluhealth.org/grow** for forms and updates about the program.

LOMA LINDA UNIVERSITY HEALTH

LLUMCMKTG#ADV-024-15/0615/1

Your Information

Name _____
(This name will be used for any donor recognition)

☐ I prefer to remain anonymous.

Department _____

Intercampus Mailing Address _____

_____

Employee ID # _____

Entity

☐ Medical Center ☐ University ☐ Children's Hospital
☐ Shared Services ☐ Behavioral Medicine Center
☐ Health Care ☐ LLUAHSC

Shift

☐ AM ☐ PM ☐ NT/NOC

Mailing Address _____

_____

City _____

Zip _____

Phone (_____) _____

Work Phone (_____) _____

Email _____

☐ I would like to receive communications, including receipts, via email.

☐ I am interested in learning how a planned gift (trust, annuity, etc.) can provide income to me and help people served by LLUH.

☐ LLUH is already in my estate plans.

How to Give

☐ **Automatic Payroll Deduction**

☐ $40/pay period ☐ $25/pay period ☐ $15/pay period
☐ $10/pay period ☐ $5/pay period
☐ Other $_____/pay period
☐ This deduction is in addition to my existing payroll deduction.
☐ This deduction is to replace my existing payroll deduction.

_____
Signature Today's Date
(Required for payroll deduction)

☐ **Cash or Check Gift**

My enclosed gift is $_____
(Checks made payable to Loma Linda University Health)

☐ **Credit Card Gift**

Please charge my credit card the following amount $ _____

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

☐ Please charge one time
☐ Please charge monthly ($10 minimum)

_____ – _____ – _____
Card Number Expiration Date

_____
Signature Today's Date
(Required for credit card)

☐ I would like one receipt for all my gifts at the end of the year.

I Would Like to Give to an Area that I'm Passionate About

☐ Clinical Care ☐ Education ☐ Research ☐ Wellness

☐ Other _____

Please mail or intercampus this form to: Darin West, Office of Philanthropy, MVP Suite B, Loma Linda, CA 92354
or fax to 909-558-3537 or growtogether@llu.edu.

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