# Gift / Pledge Form

Adventist Health | White Memorial Charitable Foundation

**I am / We are pleased to support the mission of Adventist Health through a gift/pledge of $_____.**

## Gift Designation

☐ This gift is **unrestricted** and may be used to support the most current needs of Adventist Health White Memorial.
☐ Please **designate this gift** to the specific purpose/center/service: _____
☐ This gift is ☐ in memory of ☐ in honor of _____

_____

Notify _____ Address_____

## Giving Method

### One-Time Gift

☐ One-time gift in the amount of $_____
☐ I would like to honor my pledge in a single gift by the end of _____ (year)

### Recurring Credit Card Gift

☐ $ _____ charged ☐ Monthly ☐ Quarterly ☐ Annually

### Pledge

☐ I (we) wish to make a pledge of fulfilled with installments of $_____ each ☐ month ☐ quarter
☐ six-months ☐ year beginning _____ (date) Pledges can be no longer than 5 years.
☐ My first pledge payment of $_____ is enclosed optional
☐ Please send pledge reminders in advance of these installment due dates

## Payment Method

☐ Personal check made payable to White Memorial Charitable Foundation is enclosed for one-time gifts or first pledge payments
☐ Other payment method ☐ Stocks or Other Securities ☐ IRA Qualified Charitable Distribution ☐ Property list details below
☐ Donor Advised Fund Grant, guaranteed with personal funds if DAF Sponsor declines
☐ Other _____ please detail

☐ Credit card For one-time gifts, recurring gifts, or pledge payments

Credit Card Online Secure gifts can be made at adventisthealth.org/giving

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Credit Card Number: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

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Expiration Date (MMYY)

| | | |
|---|---|---|

CVV

## Donor Information

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. *OR* ☐ Business

_____
Primary Donor Name (as you would like it acknowledged and credited)

_____
Spouse/Partner Name (only provide if this is a joint gift)

_____
Address

_____
City State Zip

_____
Phone Email

☐ I/we prefer this gift to be anonymous.

_____
Signature (required) Date

## Matching Gifts

Many companies match donations to White Memorial Charitable Foundation made by their employees. By taking advantage of this benefit, you may double or even triple the value of your contribution.

Check with your human resources office to learn whether your employer matches charitable gifts.

Does your company match gifts? ☐ Yes ☐ No

Company Name _____
☐ My matching gift form is enclosed
☐ My employer and/or I will send the form at a later date

**Return this completed form to:**
Adventist Health White Memorial
White Memorial Charitable Foundation
1720 Cesar E. Chavez Ave.
Los Angeles, CA 90033
wmcharitable@ah.org
323-260-5739