Arroyo Grande Community Hospital

Employee Circle of Friends



Since 2007, our employees have contributed over \$690,000 to programs and services that benefit our hospital!

Funds raised through philanthropy help to make our care site special. Choose from one of the following designations for 2020.



Surgical Services Help ensure our surgery team safely and efficiently provides the best possible care for our patients.



Behavioral Health Evaluation Team

Fund To provide an on-site Mental Health Evaluation Team that conducts timely mental health evaluations in the Emergency Department.



Nursing Education Fund Supports our nursing team and allows them to continue training and education in their field.



Employee Assistance Fund Provides financial assistance to AGCH employees, volunteers, and their families during crisis situations *not tax deductible



Where the need is greatest Your gift supports the fund that has the greatest need at the time your gift is received.

100%

Philanthropy lifts us all up. 100% of your gift stays within our hospital and goes where you direct it.



GIVING ISEASY

You can make a direct cash donation, set up a payroll deduction, or donate hours in your PTO bank.

Donate today!

SupportArroyoGrande.org 805-994-5421

Donation form on reverse



Arroyo Grande Community Hospital

Employee Circle of Friends

Name	· :	Employee #:
Email:		Department:Phone:
	to Give One-time Gift	You knock
	Recurring Donation (please select one of the fo Hour of Power (a gift of one hour per pay Recurring donation amount of my choos	period) Off!
How t	to Give Payroll Deduction: Hour of Power - one hour of pay per pay per pay period begin	
	Paid Time Off (PTO) donation: Hour of Power-26 Hours of PTO will be automatically deducted from my November 2019 check One-time PTO donation - I gift hours of PTO. Note: An employee must have a minimum of 80 hours in their PTO account to make this election. PTO donations are tax-deductible but are also subject to applicable payroll taxes and will be reported as wages on the employee's IRS W-2 in the calendar year in which PTO hours are donated.	
	Cash/Check: \$	
	Credit Card: \$ Recurring Gift: Monthly Semi-annually Name as it appears on card: Card #:	-
Gift C	Designation Surgical Services Behavioral Health Evaluation Team Fund Nursing Education Fund Employee Assistance Fund *not tax deductible Where the need is greatest	CHOOSE ONE: Hour of Power Sweatshirt Mens Womens Size: (Please indicate XS, S, M, L, XL, XXL) Hour of Power Backpack
Assistan		pletely tax deductible with the exception of gifts to the Employee u may modify, increase, or cease your gift at any time. I understand that if not obligated nor will I be held accountable to fulfill this pledge.
	ure:	
For aue	estions, please contact Shelby McLean - shelby,mclean@dig	nityhealth.org or 805-994-5419

Thank you for your generous gift!