



What is Grow Together?

The employee giving program at Loma Linda University Health is important for many reasons. As you learned today, our culture has always been one of service, giving back to our community, and creating the best experience possible for our patients and students.

How to Give?

You can participate each pay period through payroll deduction or automatic credit card gift. You may send a check or credit card gift. You may also have your gift deducted from your next paycheck.

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 **llugrow.org** for forms and updates about the program.



LOMA LINDA
UNIVERSITY
HEALTH

LLUMCMKTGADV-032-14/0314/1

Donor Information

Name _____

(This name will be used for any donor recognition.)

Department _____

Department Mailing Address _____

Entity

- ☐ Medical Center ☐ University ☐ Shared Services
☐ Health Care ☐ Behavioral Medicine Center
☐ LLUMC - Murrieta ☐ Faculty Medical Group
☐ LLUAHSC

Shift

- ☐ AM ☐ PM ☐ NT/NOC

Home Address _____

City _____

Zip _____

Home Phone (____) _____

Work Phone (____) _____

Email _____

- ☐ Check here if you would like to receive communications, including receipts, via email.

Employee ID # _____

- ☐ Check here if you prefer to remain anonymous.

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

- ☐ Behavioral Medicine Center ☐ Children's Hospital ☐ East Campus ☐ Heart & Surgical Hospital
☐ Medical Center ☐ LLUMC - Murrieta ☐ University ☐ Family Fund
☐ Vision 2020 ☐ Area of Greatest Need ☐ Other _____

How to Give

☐ Payroll Deduction

☐ Automatic Payroll Deduction:

- ☐ \$40/pay period ☐ \$25/pay period
☐ \$15/pay period ☐ \$10/pay period
☐ \$5/pay period
☐ My hourly rate \$_____/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 _____

(required for payroll deduction)

Today's Date _____

☐ Cash or Check Gift

My enclosed gift is \$ _____

(Checks made payable to Loma Linda University)

☐ 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 _____

(required for credit card)

Today's Date _____

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

Please return this signed form to: Taylor Khoe-Mupas, Office of Philanthropy, MVP Suite B, Loma Linda, CA 92354.

Fax: 909-558-3537 or Email: growtogether@llu.edu