



What is Grow Together?

Our employee giving program is led 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 deduction (24 deductions each year), cash, check or credit card (recurring option also available).

Why Give?

As an employee of Loma Linda University Health, you are part of a globally recognized organization. No matter what your role is at Loma Linda University Health, your involvement in Grow Together sends a clear message that our employees believe in sustaining the future of the organization.

Who to Contact?

Office of Philanthropy

☎ 909-558-5359 💻 growtogether@llu.edu

Visit us at llu.org/GrowTogether for updates about the program.



LOMA LINDA UNIVERSITY
HEALTH

YOUR INFORMATION

Name _____

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

☐ I prefer to remain anonymous.

Department _____

Inter-campus Mailing Address _____

Employee ID # _____

ENTITY

- | | |
|---|--|
| <input type="checkbox"/> LLU Medical Center | <input type="checkbox"/> Loma Linda University |
| <input type="checkbox"/> LLU Children's Hospital | <input type="checkbox"/> LLU Shared Services |
| <input type="checkbox"/> LLU Behavioral Medicine Center | <input type="checkbox"/> LLU Health Care |
| <input type="checkbox"/> LLU Medical Center – Murrieta | |
| <input type="checkbox"/> Loma Linda University Health | |

SHIFT ☐ A.M. ☐ P.M. ☐ NT/NOC

Mailing Address _____

City _____

ZIP Code _____

Phone _____

Work Phone _____

Email _____

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

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

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Adult Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Research | <input type="checkbox"/> Children's Health | |
| <input type="checkbox"/> Other _____ | | |

HOW TO GIVE

☐ AUTOMATIC PAYROLL DEDUCTION

- | | |
|--|---|
| <input type="checkbox"/> \$40/pay period | <input type="checkbox"/> \$25/pay period |
| <input type="checkbox"/> \$15/pay period | <input type="checkbox"/> \$10/pay period |
| <input type="checkbox"/> \$5/pay period | <input type="checkbox"/> Other \$_____/pay period |
| <input type="checkbox"/> This deduction is in addition to my existing payroll deduction. | |
| <input type="checkbox"/> 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 Health.)

☐ CREDIT CARD GIFT

Please charge my credit card the following amount \$ _____

- | | | | |
|---|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Please charge one time. | | | |
| <input type="checkbox"/> Please charge monthly. (\$10 minimum.) | | | |

Card Number _____

Expiration Date _____

Signature _____
(Required for credit card.)

Today's Date _____

- | |
|---|
| <input type="checkbox"/> I would like one receipt for all my gifts at the end of the year. |
| <input type="checkbox"/> I am interested in learning how a planned gift (trust, annuity, etc.) can provide income to me and help people served by Loma Linda University Health. |
| <input type="checkbox"/> Loma Linda University Health is already in my estate plans. |

Submit this form by:

✉ Inter-campus Mail
Becky Valadez
Office of Philanthropy
MVP Suite B, Loma Linda, CA 92354
☎ fax 909-558-3537

✉ Becky Valadez
Office of Philanthropy
PO Box 2000
Loma Linda, CA 92354
💻 growtogether@llu.edu

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Many Strengths.
One Mission.