

## Mission Statement

To support, financially and otherwise, the charitable purposes and activities of Dignity Health-Northridge Hospital, a not-for-profit organization dedicated to providing compassionate, quality, high-value health care services and programs to the residents of the San Fernando Valley.

## Our Core Values

Dignity  
Collaboration  
Justice  
Stewardship  
Excellence

*By Working Together,  
You Can Help Us, Help Others*



 **Northridge Hospital  
Foundation**  
A Dignity Health Member

18300 Roscoe Blvd.  
Northridge, CA 91328

For more information, please call  
818.885.5341, ext. 1  
or visit our website at [SupportNorthridge.org](http://SupportNorthridge.org)

# Employee "Spirit of Giving" Partners Program

*Giving can create a ripple effect -  
when you give you inspire others  
to give as well.*



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## What is the Employee “Spirit of Giving” Partners Program?

The Partners Program is an annual campaign that allows you to make a charitable contribution to support the hospital. To participate, simply select your area of support.

## Where Does My Contribution Go?

All gifts to the Employee “Spirit of Giving” Partners Program are reinvested in Northridge Hospital Medical Center to support one of the following areas:

### 1. “Building the Future — Today” Campaign

Funding to the campaign will support the re-design, renovation and expansion of the Emergency & Trauma Departments; Chemotherapy Infusion Center and the Center for Assault Treatment Services.

### 2. Service Line Fund

Employees may choose to contribute and support any of our service lines and/or programs.

### 3. Area of Greatest Need

The Foundation, along with the administration help identify where the hospital’s needs are greatest and applies your gift to support that area.

## How Do I Participate?

Payroll deduction is an easy and convenient way for you to contribute. Simply fill out the form, detach it and return it to the Foundation Office via inter-office mail. If you prefer, PTO donations, cash and credit cards are also accepted.

## Why Should I Participate?

Employee giving creates an environment of goodwill among all our employees. It is incumbent upon all of us to support the mission of the hospital and to improve the quality of life for our patients, fellow employees and our community. Your participation is critical to the success of this program. Each gift truly makes a difference!

## Naming Opportunities?

Naming opportunities are available. Please contact the Foundation office for additional information at ext. 4975.



## Yes! I Want to Support the Employee “Spirit of Giving” Partner Program

Employee Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Department Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Partner Levels:

- Leadership \$5,000+
- Kindness \$2,500 - \$4,999
- Compassion \$1,000 - \$2,499
- Healing \$500 - \$999
- Support \$250 - \$499
- Caring \$100 - \$249

I wish to donate \$ \_\_\_\_\_ per pay period  
via Payroll Deduction

*(Note: I understand that payroll deductions may be changed  
by notifying the Foundation Office.)*

I wish to make the following irrevocable donation  
of \_\_\_\_\_ PTO Hours *(Note: Minimum of 8 hours —  
I understand in order to donate PTO hours, I must have a  
minimum of 80 hours remaining in my account after I  
make this election.)*

Cash/Check Payment \$ \_\_\_\_\_

Credit Card Payment  Visa  MC  AE  
No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

### I would like my gift to benefit:

- “Building the Future — Today” Campaign
- Service Line Fund \_\_\_\_\_
- Area of Greatest Need

I wish to be listed as:

Mr.  Mrs.  Ms.  Mr. & Mrs  Dr.

Employee Confirmation: \_\_\_\_\_

*By entering your name above, you are providing your signature.*

*Please save this document and email it back to  
Brian.Hammel@DignityHealth.org  
or detach and return to the Foundation office via inter-office mail.*

*All gifts to Northridge Hospital Foundation are tax deductible to  
the full extent of the law.*