

## FOUNDATION 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

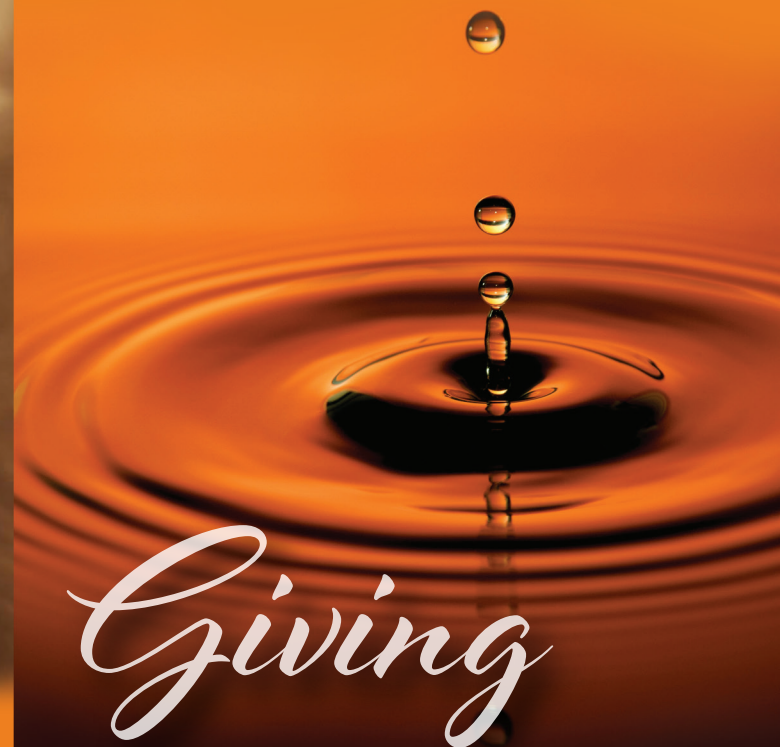
COMPASSION  
INCLUSION  
INTEGRITY  
EXCELLENCE  
COLLABORATION



*Gratitude*  
IS GOOD FOR YOU

THE GREATEST ACT  
OF GRATITUDE IS GIVING

## EMPLOYEE *"Spirit of Giving"* PARTNERS PROGRAM



*Giving*  
CAN CREATE  
A RIPPLE EFFECT

CAN CREATE  
A RIPPLE EFFECT

WHEN YOU GIVE  
YOU INSPIRE OTHERS  
TO GIVE AS WELL



**Northridge Hospital  
Foundation.**

A Dignity Health Member

18300 ROSCOE BOULEVARD | NORTHRIDGE, CALIFORNIA 91328

FOR MORE INFORMATION, PLEASE CALL 818.885.5341 EXT.1  
OR VISIT OUR WEBSITE AT

[SupportNorthridge.org](http://SupportNorthridge.org)



**Northridge Hospital  
Foundation.**

A Dignity Health Member



## WHAT IS THE “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:

#### Area of Greatest Need

The Foundation with the help of hospital leadership identifies the hospital's greatest needs and applies your gift to support that area.

#### Taking Care Of Each Other

An employee assistance fund that provides care and support for the physical, mental, emotional, and spiritual needs to our hospital employees and caregivers.

#### Service Line Fund

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

### 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!

### BECOME AN EMPLOYEE AMBASSADOR

Join a group of dedicated, like-minded individuals who promote charitable giving and encourage other employees to do the same. For more information please email [Brian.Hammel@CommonSpirit.org](mailto:Brian.Hammel@CommonSpirit.org).



## Yes! I want to support the EMPLOYEE “Spirit of Giving” PARTNERS 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 40 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:

- ☐ Area of Greatest Need
- ☐ Taking Care of Each Other
- ☐ Service Line: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

I wish to be listed as: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

*Please scan and email back to [Brian.Hammel@CommonSpirit.org](mailto:Brian.Hammel@CommonSpirit.org) or detach this form and return it to the Foundation Office via inter-office mail.*

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

# “Spirit of Giving”