Adventist Health | Mendocino County Foundation

Holiday Tribute Tree and Memorial Garden Dedication

Benefiting the Adventist Health Ukiah Valley Memorial Garden

Name:_____

Adventist Health Employees Only

Emp. ID#:_____Unit/Department: _____

Personal Email:_____ Phone/Cell Number:_____

Please Print

Home Address: _____

Street City State Zip Code

Honor Your Loved Ones with Tribute Ornaments

$25 per Ornament

- ☐ 1 Ornament: $25.00
- ☐ 2 Ornaments: $50.00
- ☐ 3 Ornaments: $75.00

Total: $_____

☐ I would like to remain anonymous.

Please provide name(s) for tribute ornament(s):

Tribute Name 1 (first and last): _____

Tribute Name 2 (first and last): _____

Tribute Name 3 (first and last): _____

Payment Method

☐ Cash ☐ Check (made payable to Adventist Health Mendocino County Foundation)

☐ Credit Card

Name on Card:_____ Card#:_____

Exp. Date:_____ CVC/CVV:_____ ZIP Code: _____

☐ Payroll Deduction – For Adventist Health employees only. *Paid leave (PTO) cannot be used.*

☐ **One-time donation** ☐ **Please split my donation over _____ pay periods**

Number

Payroll Deduction / Credit Card Authorization

Signature:_____Date:_____

Your generosity at work!

Thank you for supporting the beautification of the Memorial Garden, ensuring it remains a peaceful space for patients and their families as well as our community.

Please return this form to Mandi Hamilton:

Hamiltmr@ah.org | Office: 707- 463-7623 | 206 Mason Street, Ukiah