

Employee Giving 2025

Your Support, Our Strength

You care about our patients and their families, outstanding healthcare, our hospitals, and each other. You give so much through your talent, dedication, hard work and commitment to quality.

With your support we become even stronger. Your gift today will enhance patient care, help a colleague, or provide assistance to a patient in need.

In June, El Camino Health Foundation allocated \$457,000 from the El Camino Fund to enhance patient care in a variety of ways:



Healing Arts Program



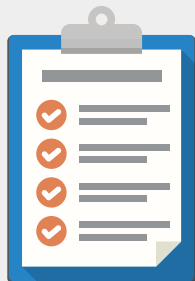
NICU Family Coordinator



Additional Disaster Supply Trailer



8 Cardiac Monitors



QOPI Readiness Assessment



Temporary Magnet Document Coordinator



ASPIRE "Day in the Life" Film Development



Chinese Health Initiative Mental Health Awareness

It is not the amount you give - it is your participation that counts!

Mail or drop off the completed form to the Foundation

El Camino Health Foundation
2500 Grant Road, PAR116
Mountain View, CA 94040
foundation@elcaminohealth.org

Questions? Please contact Cindy Zaldivar, 650-988-7690, cindy_zaldivar@elcaminohealth.org



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Other ways to double your support

- Post and share Employee Giving information with your colleagues!
- Sign up to volunteer at Foundation events.
- Check to see if your spouse's employer can match your donation.

Gifts for Contributing

Everyone who contributes is eligible to receive a cozy embroidered blanket and matching pin.

Enrollment Form

Choose how to complete your donation (Option 1, 2, or 3) and follow the steps to submit.
Thank you!

Your Top Apps

1. I would like to make a donation through Payroll:

For donations via payroll deductions, please visit the Benefits and Pay Hub in WorkDay.

For more information, search "Payroll Donations in Workday" on the Engage Intranet.



Benefits and Pay

2. I would like to make a donation online:

For donations via Credit Card, ApplePay, GooglePay, PayPal, Venmo, or Bank Transfer, please visit elcaminohealth.org/wegive or scan the QR code:



3. I would like to make a donation via check or cash:

Mail this completed form back to the Foundation.

☐ I will make a one-time donation of ☐ \$10 ☐ \$5 ☐ \$1 ☐ \$_____

☐ Check (payable to El Camino Health Foundation) ☐ Cash

You may choose to designate your gift to a particular fund.

If you do not check a box, your donation will go into the El Camino Fund for **use where the need is greatest.**

☐ I wish to designate my gift to the El Camino Fund, for use where the need is greatest.

☐ I prefer to designate my gift to: _____

Contact Information (update as needed)

Name: _____

Department: _____

Home Address: _____

Phone: _____

☐ Home ☐ Cell ☐ Business

Signature _____

Credentials: _____

Employee ID #: _____

City/State/Zip: _____

Email: _____

☐ I wish to remain anonymous

Date: _____