



PAYROLL DEDUCTION DONATION FORM

Yes, I want to give towards better health for all

Please complete this form by Tuesday, December 3 to have your donation to Valley Health Foundation deducted from your paycheck. You can return this form via fax 408-885-5207, Pony-mail to 2400 Clove Dr, San Jose, or email katherine.wang@vhfca.org.

Name: _____

Employee ID #: _____

Hospital/Location: SCVMC OCH SLRH Other: _____

Department: _____ **Job Title:** _____

Internal mailing address (building and floor): _____

I would like to make an on-going donation to Valley Health Foundation through a

payroll deduction of: \$ _____ \$50 \$35 \$25 \$15 \$8

Home Address: _____

Phone (Personal): _____

Email: _____

I understand that this amount will be automatically deducted from my biweekly paycheck and processed as an unrestricted gift to Valley Health Foundation.

Signature _____

Valley Health Foundation is a 501(c)(3) nonprofit organization (EIN 77-0187890) that supports Santa Clara Valley Healthcare, which includes Santa Clara Valley Medical Center, O'Connor Hospital, St. Louise Regional Hospital, and affiliated health centers and community programs. Donations are tax-deductible to the full extent of the law.



CREDIT CARD DONATION FORM

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Name: _____

Hospital/Location: SCVMC OCH SLRH Other: _____

Department: _____ Job Title: _____

I would like to make an on-going donation to Valley Health Foundation through credit card of: \$_____ \$50 \$35 \$25 \$15 \$8

I would like to make an one-time donation to Valley Health Foundation through credit card of: \$_____ \$50 \$35 \$25 \$15 \$8

VISA MC AmEx Discover

Card Number: _____ Exp Date: _____ CVV: _____

Billing Address: _____

Phone (Personal): _____ Email: _____

I understand that this amount will be automatically deducted from my biweekly paycheck and processed as an unrestricted gift to Valley Health Foundation.

Signature: _____

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