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## PAYROLL DEDUCTION DONATION FORM

### Yes, I want to give towards better health for all

Please complete this form by Friday, September 29 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](mailto:katherine.wang@vhfca.org).

**Name:**

**Employee ID #:**

**Hospital/Location:**    SCVMC    OCH    SLRH    Other:

**Department:**

**Job Title:**

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

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

\* Payroll deduction amount must be a minimum of \$8 per paycheck

**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**