

Signature



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.

Pony-r	mail to	2400 Clove	Dr, San Jo	ose, or emai	l <u>katherine</u>	e.wang@\	<u>vhfca.org</u> .	
Name:								
Employee ID #:	:							
Hospital/Locati	on:	SCVMC	OCH	SLRH	Other:			
Department:		Job Title:						
I would like to make an on-going donation to Valley Health Foundation through a								
payroll deducti	on of:	\$	\$50	\$35	\$25	\$15	\$8	
* Payroll deduction amount must be a minimum of \$8 per paycheck								
Home Address:	:							
Phone (Persona	al):							
Email:								
I understand that this amount will be automatically deducted from my biweekly paycheck and processed as an unrestricted gift to Valley Health Foundation.								

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.