



CREDIT CARD 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.

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 credit card 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.