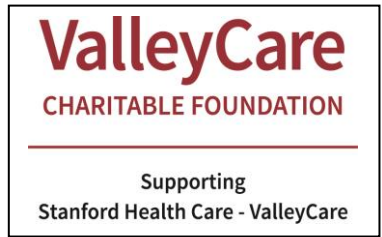


# Yes, I would like to participate in the Employee Giving Campaign



Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (Work/Home/Cell – please circle one) (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## I would like to make my gift:

**Through payroll deduction** (Designated amount will be deducted from your paycheck until you cancel.  
If you currently have a payroll deduction with VCCF, this will replace your previous commitment.)

- \$48/year (\$2/pay period)       \$120/year (\$5/pay period)       \$240/year (\$10/pay)  
 \$500/year (\$20.83/pay period)       \$1,000/year (\$41.66/pay period)       Other \$\_\_\_\_\_

**By check (enclosed) \$** \_\_\_\_\_  
(Please make checks payable to ValleyCare Charitable Foundation.)

**By credit card \$** \_\_\_\_\_

- Visa       MasterCard       Discover       AmEx

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC \_\_\_\_\_

**You can also make your donation online at [givevalleycare.org/employeeegiving](http://givevalleycare.org/employeeegiving)**

## Designate my gift to the following funding priority:

- Where the need is greatest       Stroke Care       Medical Equipment       Cancer Services  
 Emergency Department       Facilities       Nursing Education       Other \_\_\_\_\_

**My gift is in honor or memory (please circle one) of** \_\_\_\_\_

**Please send notification of this tribute gift to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

Thank you for your support of our Employee Giving Campaign.  
Please return your completed form to  
**ValleyCare Charitable Foundation, 1111 E. Stanley Blvd., Livermore, CA 94550**