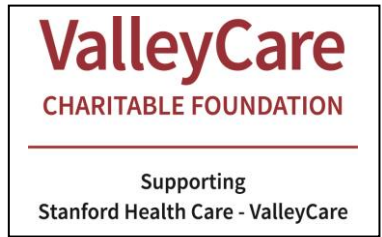


Yes, I would like to participate in the Employee Giving Campaign



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.)*
- \$52/year (\$2/pay period) \$130/year (\$5/pay period) \$260/year (\$10/pay)
 \$500/year (\$19.23/pay period) \$1,000/year (\$38.46/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/employeegiving**

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