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SHOT**



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2019 EMPLOYEE GIVING CAMPAIGN

Yes, I want to give a Booster Shot to the VMC Foundation – Together WE can make a difference!

Please complete the form below to have your donation deducted from your paycheck. Return to the VMC Foundation via FAX 408.885.5207, PONY 2400 Clove Drive, San Jose, or EMAIL debra.burdsall@hhs.sccgov.org.

Name

Job Title

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PONY Address

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Please deduct this amount per paycheck until I ask you to stop.

\$_____ \$50 \$35 \$25 \$15 \$8

Please deduct \$_____ until I reach a total donation of \$_____.

Please deduct a one-time contribution of \$_____.

Billing Address

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Phone (Personal)

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Signature

Did another HHS employee encourage you to donate? If so, who?

The VMC Foundation is a non-profit charitable 501(c) (3) organization and your donation is tax deductible to the full extent of the law. No goods or services were provided in consideration of your gift. **Your pledge will be processed as an unrestricted gift to the VMC Foundation through the system established by the Combined Giving Campaign of Santa Clara.**

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CREDIT CARD DONATION FORM



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Yes, I want to give a Booster Shot to the VMC Foundation – Together WE can make a difference!

Please complete the form below to have your donation charged to your credit card. Return to the VMC Foundation via FAX 408.885.5207, PONY 2400 Clove Drive, San Jose, or EMAIL debra.burdsall@hhs.sccgov.org.

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Charge Date:

1st of the month

15th of the month

Card Number

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Please charge this amount per month until I ask you to stop.

\$_____ \$50 \$35 \$25 \$15 \$8

Please charge \$_____ until I reach a total donation of \$_____.

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