

### PAYROLL DEDUCTION FORM







## 2020 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.

	SCVMC	O'Connor Ho	ospital	St. Louise F	pital						
Name			Job Title								
Department											
PONY Address			Employee ID #								
	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				City, Sta	ite, Zip						
Phone (Personal)			Email								
Signature			Did another HHS	S employee encc	ourage you to do	nate? 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.





#### CREDIT CARD DONATION FORM







### 2020 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 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.

		SCVMC	O'Co	nnor Hosp	spital St. Louise Regional Hospital						
Name				J	ob Title						
Department				Р	ONY Address						
VISA	MC	AmEx			Charge Date:	1st of the month	15th of the month				
Card Number					Exp Da	ate	CVV Number				
Please char	ge this amou	ınt per month ı	until I ask yo	ou to stop							
\$		\$50	\$35	\$25	\$15						
Please char	ge \$	until I reach	n a total dor	nation of \$	5						
Please charge a one-time contribution of \$											
Billing Address						City, State, Zip					
Phone (Personal)				E	mail						
Signature				С	oid another HHS e	employee encourage you to donate? If	f 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.

