

give a
**BOOSTER
SHOT**



PAYROLL DEDUCTION FORM



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 Hospital

St. Louise Regional Hospital

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 \$_____.

Payroll deduction amount must be a minimum of \$8 per paycheck.

Total donation must be at least \$500.

Home Address

City, State, Zip

Phone (Personal)

Email

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



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'Connor Hospital

St. Louise Regional Hospital

Name

Job Title

Department

PONY Address

VISA

MC

AmEx

Charge Date:

1st of the month

15th of the month

Card Number

Exp Date

CVV Number

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

\$_____

\$100

\$50

\$35

\$25

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

One-time contribution must be a minimum of \$50.

Billing Address

City, State, Zip

Phone (Personal)

Email

Signature

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