

VALLEY STAFF PLEDGE FORM



YES, I will support The *New* Valley Hospital in Paramus

(Please print)

Staff Name _____ Spouse Name _____

Name as you prefer it for Donor Recognition: _____

List professional designation if you want that included: _____

Department _____ Extension _____

Home Address _____

City, State, Zip _____ Phone _____

I/We will give to **The *New* Valley Hospital in** the sum of \$ _____, payable over ____ years.

Preferred Payment Option:

Option 1: Payroll Deduction

Amount per pay period \$ _____

Number of **pay periods** over which gift is paid: 26 (1 year) 52 (2 years) 78 (3 years)

Employee's Social Security Number (**Last Four Digits ONLY**) _____

Signature _____ Date _____
(required)

Option 2 Other Forms of Payment

Amount \$ _____ paid **per year** 1 year 2 years 3 years

Check (Please make check payable to *The Valley Hospital Foundation*)

Visa MasterCard American Express Account #: _____

Expiration Date: ____/____/____ Signature: _____

All gifts are 100% tax deductible.

Return form to the Foundation Office by interoffice mail or via fax at 201-291-6312.

If you have any questions, please call the Foundation at ext. 291-6300.

Thank you for your support!

The Staff Dining Area in Servery will reflect all staff donors who contribute to The *New* Valley Hospital.