



Commitment Form

General Information

Name: _____
 Address: _____
 City, State, Zip: _____ Phone #: _____
 E-Mail: _____

Commitment

I am excited to (continue begin) my membership in The Valley Hospital Foundation's **Women For Health** by committing to a gift of \$1,000 in 2019.

I will make my gift by _____, 2019.
 (month)

My employer will match my gift:
 Employer: _____ Amount of Match \$ _____

This gift will be in honor of/in memory of: _____
 (Circle one)
 Relationship to Donor: _____

Payment Options

I am making my gift in full.
 I am making my gift on the following installment schedule:
 Monthly Quarterly Other _____)

Enclosed is a check for my gift in full or my first installment. *Please make checks payable to The Valley Hospital Foundation.*

Charge my credit card \$ _____ (either the gift in full or first installment)

American Express MasterCard Visa
 Please automatically charge my credit card according to payment schedule above.

Card # _____ Security code _____ Exp. Date ____ / ____
 Signature _____
 (required)

Send me instructions for: making payments via stock transfer making payments online.

Name as you would like it to appear for recognition purposes, if different from above:

Signature: _____ Date: _____

You have my permission to list my name in the *Women For Health* Member Directory* with the following information as provided above: Name, City, Phone #, E-Mail.
 (*The Member Directory is shared only with *Women For Health* members.)

Please do not list me in the *Women For Health* Member Directory.

Please return completed form to: **Women For Health**
The Valley Hospital Foundation
223 North Van Dien Avenue
Ridgewood, NJ 07450