

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 2025.

I will make my gift by _____, 2025.
(month)

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. *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:

Click QR code to see full member list:

Women For Health
The Valley Hospital Foundation
4 Valley Health Plaza
Paramus, NJ 07652

