

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 2026.

I will make my gift by \_\_\_\_\_, 2026.  
(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**

