



**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 2020.
- I want to make an additional gift of \$2,000 (for a total of \$3,000 in 2020) in recognition of *Women For Health's* 10<sup>th</sup> anniversary.

I will make my gift by \_\_\_\_\_, 2020.  
(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**