



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 2022.

I will make my gift by _____, 2022.
(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