

CORNERSTONE *Employee Giving*

Donation Agreement

1.) I want to support Valley View by joining the Cornerstone Giving Club with the following gift:

- Reoccurring bi-weekly payroll deduction of \$ _____
 - For the duration of my employment at Valley View Hospital (continuous)
 - For a total of \$ _____
- I would like to join the Summit Circle Club with a pledge of \$1,000 per year for ten years. (\$38.46 per paycheck)

- OR -

- One-time gift of cash, check, Visa, Amex or MC \$ _____
(Check made payable to VV Foundation)
- One-time payroll deduction of \$ _____

2.) Please direct my gift to the following campaign:

- Support the Advanced Technology Initiative to fund critical technology ranging from endoscopy scopes, critical care unit beds, a respiratory ventilator, comprehensive lab equipment, and more to advance patient care.
- Provide complimentary services and resources to support patients at the Calaway · Young Cancer Center.
- The Internal Funding Program to accelerate excellence in healthcare across Valley View through an internal grant process to support innovative projects which impact and improve patient care.
- Unrestricted gift to provide responsive funds to serve Valley View patients in need.

I would like to make my gift in honor/memory (circle one) of: _____

Please send acknowledgment to (Mailing address): _____

3.) As an employee 20% of your gift will automatically be directed to the Silver Lining Fund,

Valley View's employee assistance fund. The Silver Lining Fund helps our fellow employees who are experiencing a temporary financial hardship due to a medical or family crisis.

If you would like to opt out of splitting your gift please initial here: _____ and your entire gift will be directed to your chosen campaign.

Contact Information

Full Name _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

DDI# _____ Department _____

Name as you wish it to appear on donor recognition materials: _____

(VISA/AMEX/Master Card) Name on card: _____

Card Number: _____ Exp Date: _____ Security: _____

Signature _____ Date _____

Please return your completed agreement to the Foundation office. Thank you for your thoughtful participation and all you do to provide exceptional quality care at Valley View! Valley View Foundation is a 501 (c)3 organization. Your gift is tax deductible to the full extent of the law.



VVH.org/Foundation