

**THE VALLEY HOSPITAL FOUNDATION**

**Annual Gift  
Commitment Form**

***General Information***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

***Pledge Commitment***

I/We will give to Valley's ***Fund for Excellence*** the sum of \$ \_\_\_\_\_, by December 31.

I/We will make payments beginning \_\_\_\_\_.  
(month)

Personal Contribution \$ \_\_\_\_\_

Matching Contribution \$ \_\_\_\_\_

**Total Gift/Pledge** \$ \_\_\_\_\_

This gift will be (in honor of/in memory of) \_\_\_\_\_  
(circle one)

Relationship to Donor(s) \_\_\_\_\_

***Payment Options***

Enclosed is a check (if paying in full or making a first payment). *Please make checks payable to The Valley Hospital Foundation.*

Charge my credit card:

American Express     MasterCard     Visa

Please automatically charge my credit card according to payment schedule above.

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_  
(required)

Send me instructions for making payments via stock transfer.

Send me instructions for making payments online.

Name as you would like it to appear for recognition purposes, if different from above:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Additional Information***

I am happy to report that Valley is in my will.     Please send me information about planned gifts.

Please send me information about The Society of The Valley Hospital

Please return completed form to:

*The Valley Hospital Foundation  
223 North Van Dien Avenue  
Ridgewood, NJ 07450*