

### GIVING FORM

Please print out this form and return it, along with your donation to: *Valley Health Systems, Development Dept., 20 Hospital Drive, Holyoke MA 01040*

**GIFT TYPE:**

- I wish to make a **one-time donation** of:  \$25    \$50    \$100    \$250    \$500    \$1,000   Other \$\_\_\_\_\_
  
- I wish to make a **pledge** of \$\_\_\_\_\_ to be paid over (select one):  1 year    2 years    3 years  
 With installments made (select one):    Monthly    Quarterly    Annually  
*\*You may cancel your monthly gift at any time by calling 413-534-2579.*

**GIFT INFORMATION:**

Please designate my/our gift to:  Where it is needed most    Other: \_\_\_\_\_

This gift is in Honor of: \_\_\_\_\_

This gift is in Memory of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Name	Address	City	State	Zip
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**DONOR INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_ \*Please provide your phone number in case we have a question about your gift.

E-mail: \_\_\_\_\_ \*Help us reduce mailing costs by providing your email address. Valley Health Systems will not share your name with other organizations. By giving us your email address, you are OPTING IN to receive email from the Development Dept.

For recognition purposes, I/we would like to be listed as: \_\_\_\_\_

I/we would like to remain anonymous

**PAYMENT INFORMATION:**  Check enclosed (*please make checks payable to Valley Health Systems*)    Credit Card\*

**\*Charge my gift/pledge payment to my:**    Visa    MasterCard    American Express    Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**THANK YOU FOR YOUR DONATION!**

All gifts to Valley Health Systems, the parent company of Holyoke Medical Center, are tax-deductible as allowed by law. Unless otherwise requested, your gift will be acknowledged in our annual Donor Report.

An acknowledgment will be mailed to you upon receipt of your gift.

Questions? Please call 413-535-4731 or email [development@holyokehealth.com](mailto:development@holyokehealth.com)