



Vantage Health System

Quality Care for Life's Challenges

Vantage Health System Giving Form

Donor Name: _____

Street & Apt#: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____

E-mail address: _____

Enclosed is my tax deductible gift for:

____ \$25 ____ \$50 ____ \$100 ____ \$250 ____ \$500 ____ Other _____

Check Enclosed (circle one): Y | N

Card Type: _____

Card Number: _____ Expiration (mm/yy): ____/____

Signature: _____

Gift in Memory of: _____

Gift in Honor of: _____

Please send acknowledgment to:

My employer has a matching gift program and the forms are enclosed.

Please make your check payable to: VHS Program & Development Fund and
mail to: Vantage Health System, 2 Park Avenue, Dumont, NJ 07628 **Attn:**
Program & Development Fund

All Gifts Are Tax Deductible.