



**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.*