

WeGive



HEALTH CARE
FOUNDATION
FOR VENTURA COUNTY



WeGive Employee Giving provides an opportunity to invest back into our safety net system, Ventura County Health Care Agency.



Philanthropically Investing in Local Healthcare!

Donations from 'WeGivers' have purchased vital equipment and programs that keep county residents healthy. From pediatric vein finders, radio frequency ablation for back pain, or lymph node seekers for breast cancer patients -- these items allow providers to give patients in our system a more successful outcome.

For more information visit HCFVC.org | Registered nonprofit 501(c)(3) organization for public good.

WeGive Employee Giving Program 2019

100% of proceeds invested into vital equipment and programs



3291 Loma Vista Road
Ventura, CA 93003
Brown Mail: 4605
HCFVC.org | (805)652-3361
amy.towner@ventura.org

Yes, together we can make a difference!

NAME: _____
EMPLOYEE ID #: _____
EMPLOYER: _____
BUSINESS UNIT: _____
DEPARTMENT ID: _____

Invest Local in Health Care

For more information, call or email Amy Towner
805-652-3361 | amy.towner@ventura.org

WeGive the following:

- DEDUCT AMOUNT INDICATED BELOW (per pay period)
 \$ _____ \$20 \$15 \$10 \$5
 other
- I'D LIKE TO CONTINUE MY CURRENT PAYROLL DEDUCTION (pay per period)
- ANNUAL LEAVE DEDUCTION OF _____ HOURS
(deduct up to 40 hours annually) Payroll deduction Authorization - Code: VC_HCF Deductions begin pay day 02-12-2019)
- MY ONE TIME CONTRIBUTION OF \$ _____
 Check Enclosed Credit Card Below
Make checks payable to: Health Care Foundation for Ventura County
- DONATE ONLINE AT HCFVC.org or (805)652-3361 TO PLEDGE
- I AM CURRENTLY GIVING \$ _____ PER PAYCHECK

_____ _____
 Mandatory Signature Date

I have agreed that the HCFVC payments due shall be deducted from salary or wages due to or to become due to me. I hereby authorize the Auditor-Controller to deduct from such salary or wages those sums which I have authorized. This authorization remains in effect until termination of my employment or until I give written notice to the Auditor-Controller.

COMPLETE BOTH TOP & BOTTOM OF PLEDGE CARD AND RETURN TO YOUR HR CONTACT OR BROWN MAIL 4605



Your gift, no matter the size, will make a difference!

All gifts made to the **WeGive** Employee Giving Program are 100% tax-deductible.



Please print clearly your name and information so we may thank you and provide documentation for the completion of your tax records
 100% of funds are tax deductible & 100% of the funds raised goes to local healthcare, **none will be used for administration costs.**

NAME: _____
HOME ADDRESS: _____
CITY, STATE ZIP: _____

CELL PHONE #: _____
BUSINESS UNIT: _____
DEPARTMENT ID: _____
EMAIL: _____
HOME PHONE: _____
SIGNATURE: _____

PAYROLL DEDUCTION \$ _____ /Pay Period
 ANNUAL LEAVE DEDUCTION OF _____ HOURS
 CHECK ENCLOSED \$ _____
Make checks payable to: Health Care Foundation for Ventura County
 CREDIT CARD AMOUNT \$ _____ Recurring
 Payment Type: MC, Visa, AmEx, Disc
 First & Last Name: _____
 Card Number: _____
 Exp Date: mm ____ /yy ____ CSC: _____
 Billing Address: _____

 OR DONATE ONLINE AT HCFVC.org

YES, I AM INTERESTED IN RECEIVING INFORMATION ON ESTATE AND PLANNED GIVING.