

# Share Your Comments

We are committed to providing **Excellent Service For All**. We Welcome feedback on the service you received today.

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

Do you wish to be contacted?  Yes  No

If yes, what is your preferred method:  Phone  Email

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Comment:



# Share Your Comments

We are committed to providing **Excellent Service For All**. We Welcome feedback on the service you received today.

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

Do you wish to be contacted?  Yes  No

If yes, what is your preferred method:  Phone  Email

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Comment:



# Please give today to the Burn Center Fund.

Your donation to the Valley Medical Center Foundation helps SCVMC's Burn Center provide better care to more people.

Our hospital guarantees excellent care to every patient, regardless of income. That's why we depend on your gift.

Please donate today using this form. Thank you for your generosity.

## BURN CENTER FUND DONATION FORM

### Contact Info

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Info

Donation Amount: \$ \_\_\_\_\_

Is this gift in honor or in memory of someone? \_\_\_\_\_

### Donation Instructions

Please mail your donation with a copy of this form to:

VMC Foundation  
c/o SCVMC Burn Center Fund  
2400 Moorpark Ave, Ste 207  
San Jose, CA 95128

Checks may be payable to VMC Foundation – Burn Unit.

For Credit Card donations, please include the following:

Type of card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card number: \_\_\_\_\_ 3 digits on back: \_\_\_\_\_

Authorization signature of cardholder: \_\_\_\_\_



Donations may also be made online at [www.vmcfoundation.org](http://www.vmcfoundation.org).  
The VMC Foundation is a 501c3 organization, Federal Tax ID # 77-0187890.  
Gifts are tax deductible to the extent allowed by current law.