

# WE GIVE RETIREE OPPORTUNITY

Your gift will support urgent needs and community wellness 



HEALTH CARE  
**FOUNDATION**  
FOR VENTURA COUNTY



Please submit completed form to [amy.towner@ventura.org](mailto:amy.towner@ventura.org) or mail to  
Health Care Foundation for Ventura County  
3291 Loma Vista Road, Ventura, CA 93003

## PERSONAL INFORMATION

NAME : \_\_\_\_\_  
HOME ADDRESS : \_\_\_\_\_  
CITY, STATE ZIP : \_\_\_\_\_  
CELL PHONE # : \_\_\_\_\_  
EMAIL : \_\_\_\_\_

## MONTHLY DEDUCTION INFORMATION

DEDUCT A VOLUNTARY AMOUNT INDICATED BELOW FROM MY MONTHLY RETIREMENT DISTRIBUTION

\$ \_\_\_\_\_ \$100 \$75 \$50 \$25  
other

I hereby authorize the above voluntary deduction from my monthly retirement allowance for payment to Health Care Foundation for Ventura County as a tax deductible donation. This authorization shall remain in effect until I give a written notice to Health Care Foundation for Ventura County.  
**Activation requires signature and box checked.**

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

- Please send me information on estate and planned giving
- Please call me regarding a legacy gift and/or naming opportunity
- I would like to be invited to a retirement seminar on estate and tax planning
- I would like a tour of Ventura County Medical Center or Santa Paula Hospital

 @hcfvc

 @hcf4vc

 @hcfvc