



Join **WeGive** Retirees

Your Career Was Just the Beginning, Continue Your Philanthropic Impact in Retirement!

Please submit your completed form to amy.towner@ventura.org or mail to
Health Care Foundation for Ventura County
3291 Loma Vista Road, Ventura CA 93009

PERSONAL INFORMATION

Name: _____
 Home Address: _____
 City, Zip Code: _____
 Cell Phone Number: () - _____
 Email: _____

MONTHLY DEDUCTION INFORMATION

DEDUCT A VOLUNTARY AMOUNT INDICATED BELOW FROM MY MONTHLY RETIREMENT DISTRIBUTION

\$25 \$50 \$75 \$100 \$ _____
 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 will remain in effect until I provide written or emailed notice to the Health Care Foundation for Ventura County stating otherwise.

SIGNATURE: _____ DATE: _____

- Please send me information on estate planning and planned giving
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