



**2024 Annual Giving Campaign  
Employee Gift Form**

Please complete and return to  
Melissa Peterman, Administration  
mapeterman@phhealthcare.org  
Ext. 2497

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**My Gift (Total) \$** \_\_\_\_\_ **My Check is Enclosed (Payable to Penn Highlands Healthcare)**

If your gift totals **\$52** or more, you will receive a Penn Highlands Healthcare "Change Maker" T-Shirt.  
(\$2.00 per pay for 26 pays.) Shirts will be sent via office mail to your department.

Please indicate your t-shirt size: \_\_\_\_\_



**Checks are made payable to Penn Highlands Healthcare OR:**

**Payroll Deduction: Please deduct \$** \_\_\_\_\_ **per pay for** \_\_\_\_\_ **pays (26 pays per year)**

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Employee Number** \_\_\_\_\_ **Department** \_\_\_\_\_

*If your gift is a memorial/honor, please complete the section below:*

(Please circle) In Memory/Honor of:  
\_\_\_\_\_

If you would like to notify someone of your memorial/honor gift (only the gift will be mentioned, not the amount) please provide name and address of whom we should send the notification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_