



2024 Annual Appeal Employee Gift Form

Please complete and return to
Lindsey Herzing, Fund Development Office
ldherzing@phhealthcare.org
Ext. 3902

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:

For questions, please call Lindsey Herzing at 375-3902 or email ldherzing@phhealthcare.org.