



**2024 Annual Giving Campaign  
Employee Gift Form**

Please complete and return to  
Lori Scutella, Administration  
lscutella@phhealthcare.org  
Ext. 8552

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

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

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

Please direct my gift to one or more of the following: \_\_\_\_\_ PH Elk \_\_\_\_\_ Pinecrest Manor

My Gift (Total) \$ \_\_\_\_\_

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 contact Lindsey Herzing at 814-375-3902 or [ldherzing@phhealthcare.org](mailto:ldherzing@phhealthcare.org)