



**2025 Annual Giving Campaign  
Employee Gift Form**

Please complete and return to  
Molly Northey, Administration  
mknorthey@phhealthcare.org  
Ext. 1830

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

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

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

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

**My Pledged Gift Total \$** \_\_\_\_\_

If your gift total is **\$52.00** 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:*

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

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:

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

