



2025 Annual Appeal Employee Gift Form
Penn Highlands Connellsville
Please complete and return to
Shannon West, Administrative Assistant
Swest2@phhealthcare.org

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. (As little as \$2.17 per pay for 24 pays or however you choose the deduction.) 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 for Payroll Deduction:

Please deduct \$ _____ **per pay for** _____ **pays (24 deducted 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:

For questions, please call Lindsey Herzing at 814-375-3902 or email ldherzing@phhealthcare.org.