



2023 Annual Appeal Employee Gift Form
Please complete and return to
Tara Morrison
trmorrison@phhealthcare.org

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

**Your generosity will benefit the needed compassionate care items for patients at Penn Highlands Huntingdon.
Or if you prefer, you can designate your gift to a specific fund:**

My Gift (Total) \$ _____ My Check is enclosed payable to Penn Highlands Healthcare

Payroll Deduction: Please deduct \$ _____ per pay for _____ pays (there are 26 pays per year)

Print Name _____

Signature _____

Employee Number _____ **Department** _____

Check if you wish to remain anonymous

If your gift is in memorial/honor of, please complete the section below:

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:
