



**2023 Annual Giving Campaign
Employee Gift Form**

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

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

Your generosity will benefit the needed compassionate care items for patients at Penn Highlands Brookville. 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 a memorial/honor, please complete the section below:

In memory of _____

In 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:
