



**Penn
Highlands
Healthcare**

2023 Annual Appeal Employee Gift Form

Please complete and return to
Mandy Nugent, Human Resource Manager
ajnugent@phhealthcare.org
814-541-6864

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

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

Please list specific fund (optional): _____

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/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:
