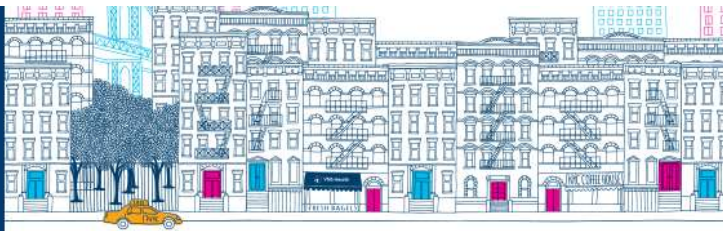


Strength From Within

Employee Giving Campaign



Team Member Gift Form

Name: _____ Employee ID: _____

Address: _____ City, State, Zip: _____

I would like to donate:

- \$25*
- \$50
- \$100
- \$250
- \$1,000 (Leadership Council)
- Other: \$ _____

** Employees who make a gift or payroll pledge of \$25 or more will qualify for weekly raffles.*

I would like my gift to support:

- Area of Greatest Need
- Addressing Disparities in Health Care
- Behavioral Health
- Center for Home Care Policy and Research
- Charitable Care
- Children and Family Services
- Chinatown NNORC
- Hospice Care
- LGBTQ+ Programs
- Nurse-Family Partnership
- Nurse Residency Program
- Patient Assistance Fund
- Veterans Program
- Other: _____

Payment (or make a gift online with a credit card at vnshealth.org/strengthfromwithin):

- I have enclosed my check payable to VNS Health.
- I wish to make payroll deductions.
Please deduct my gift of \$ _____ evenly over _____ pay periods, effective **January 19, 2024**.
Maximum pay periods: **24**

Signature: _____ Date: _____

Please sign and date to authorize payroll deductions.

Strength From Within

Employee Giving Campaign



Tribute:

This gift is in memory/honor of:

The Development Department will notify the following person(s) about your donation:

Email or address of person(s) to notify:

Acknowledgment:

In all printed recognition, please list my (our) name as follows:

I wish to remain anonymous.

Please consider including your name to inspire others. It's an additional way to help our cause.

Please return this form to:

Development Department
Attn: Lakisha Seabrook
VNS Health
220 East 42nd Street
New York, NY 10017

For questions about donations, contact Michael Ambrosini at Michael.Ambrosini@vnshealth.org.

Visit our page on the intranet or vnshealth.org/strengthfromwithin