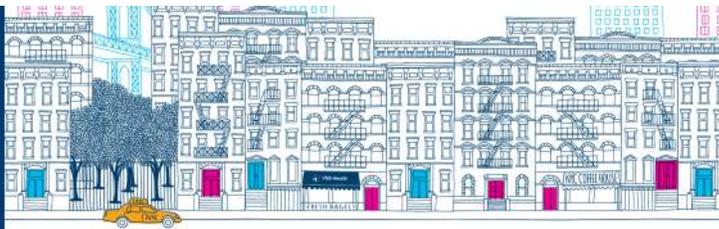


Strength From Within

Employee Giving Campaign



Team Member Gift Form

Name: _____ Employee ID: _____

Address: _____ City, State, Zip: _____

I would like to donate:

Donations and pledges greater than \$25 qualify for weekly raffles.

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

I would like my gift to support:

- Area of Greatest Need
- Behavioral Health
- Center for Home Care Policy & Research
- Charitable Care
- Children and Family Services
- Chinatown NNORC
- Employee Cancer Support
*The Care and Comfort Fund
(in memory of Christina Savitt)*
- Hospice Care
- LGBTQ+ Programs
- Nurse Family Partnership
- Nursing Education & Scholarships
- Patient Assistance Fund
- Veterans Program

Payment:

Or donate online at vnshealth.org/sfw

- I have enclosed my check payable to VNS Health.
- I wish to make payroll deductions. Deduct my gift of \$ _____ evenly over _____ pay periods starting **January 31, 2025**. Maximum pay periods: **24**

Signature: _____ Date: _____

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:

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

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

I wish to remain anonymous.

Please return this form to:

Brian Halaas, Senior Development Officer
Development
220 East 42nd Street
brian.halaas@vnshealth.org

Or donate online:



vnshealth.org/sfw