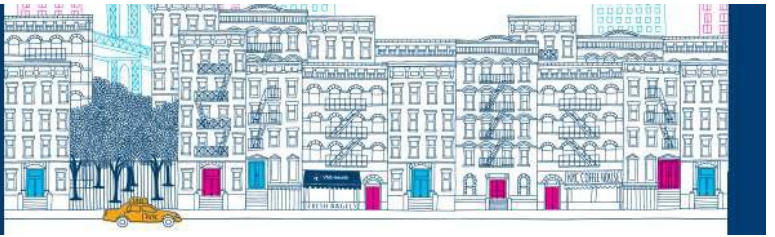


Strength From Within

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 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**
- ☐ **Hospice Care**
- ☐ **LGBTQ+ Programs**
- ☐ **Nurse Family Partnership**
- ☐ **Nursing Education & Scholarships**
- ☐ **Patient Assistance Fund**
- ☐ **Veterans Program**

Payment:

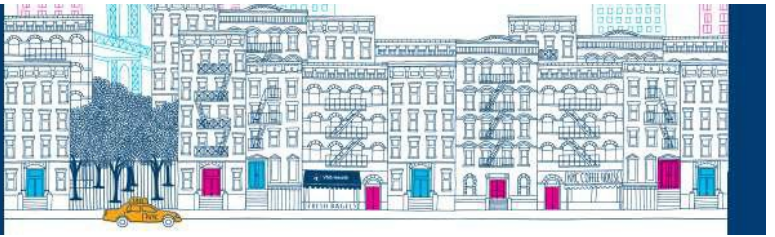
Or donate online at vnshealth.org/sfw

- ☐ **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 31st, 2027**. 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:

Lakisha Seabrook
Development
220 East 42nd Street
Lakisha.Seabrook@vnshealth.org

Or donate online:



vnshealth.org/sfw