



Choosing Health

NORTHEASTERN VERMONT REGIONAL HOSPITAL

Employee Giving through Payroll Deduction

You can help support patient care, community health, and the overall quality of NVRH.

Employee Name: _____ Phone: _____

Deduction Options: (Please Select One)

Please deduct \$_____ from each pay check until I notify you otherwise.

OR

Please spread my gift of \$ _____ over the next _____ pay periods.

I want my giving to support: (Please Select One)

NVRH Greatest Needs

Emergency Department and West Wing Expansion Project

Other _____

Note: If you would like your giving to support multiple areas please let us know how you would like your gift divided. _____

I do hereby authorize NVRH to deduct the above amount from my pay to be applied as indicated above.

Signature: _____ Date: _____

A few other details: (Anonymous is an option)

Please list my/our name(s) in hospital publications as _____.

Please list my/our name (s) on the donor wall as _____.

Your gift is tax-deductible to the extent allowable of the law.

**Please return this form to Jen Layn, Association Director of Philanthropy
j.layn@nvrh.org or through inter office mail (Room #114 in the Business Center)**



Payroll Giving is a Powerful Way to Join With Fellow Employees to
Support Patients and Programs at NVRH!

W/D per paycheck	Annual Gift	5 Year Gift
\$1	\$26	\$130
\$5	\$130	\$650
\$10	\$260	\$1,300
\$15	\$390	\$1,950
\$20	\$520	\$2,600
\$25	\$650	\$3,250
\$30	\$780	\$3,900
\$40	\$1,040	\$5,200
\$50	\$1,300	\$6,500
\$75	\$1,950	\$9,750
\$100	\$2,600	\$13,000
\$200	\$5,200	\$26,000

Thank you!

Jennifer Layn, Associate Director of Philanthropy
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