



In support of breast care and treatment at NVRH



Employee Name: _____ Phone: _____

Gift Amount*

- | | |
|--|--|
| <input type="checkbox"/> \$500 (normal cost of 2 tickets, special attire, dry cleaning, sitter)
Option: Shawn Tester sings a snippet of your
your song request and announces dedication | <input type="checkbox"/> \$300 (normal cost of 2 tickets)
Option: Shawn Tester announces your
song dedication |
| <input type="checkbox"/> \$150 (normal cost of 1 ticket)
Option: NVRH Guest DJ announces your
Song dedication | <input type="checkbox"/> Other \$ _____ |
- *Please respond by Oct. 2 for song dedications

Song Request: _____ Dedicated to: _____

OPTION 1: Employee Payroll Deduction

Please deduct my gift from the next pay periods:

- ☐ 1 pay period ☐ 2 pay periods ☐ 3 pay periods ☐ 4 pay periods

OR

OPTION 2: Credit Card Gift

Credit Card Number: _____

Exp. Date: _____ 3 or 4 Digit Code: _____

OR

OPTION 3: Personal Check

Please make check payable to: NVRH and place "Party with a Twist" in the memo line.

I do hereby authorize NVRH to process my gift as directed above.

Signature: _____ Date: _____

- ☐ I wish this gift to be ANONYMOUS. Please do not publish my name as a donor.
- ☐ 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)