



Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Gift Amount\***

**\$500+**

Normal cost of tickets, special attire, dry cleaning, sitter, and a driver.

Receive a surprise PARTY BOX hand delivered by: (will ship, non-local)

CHOOSE ONE

- Dr. Michael Rousse, CMO
- Dr. Elaine Stasny, Pediatrician
- Shawn Tester, CEO

AND... Your song request and dedication will be announced by Shawn Tester or Pediatrician Dr. Josh Kantrowitz!

**\$300**

Normal cost of 2 Gala tickets.

Your song request and dedication will be announced by Shawn or Dr. Josh!

**\$150**

Normal cost of 1 Gala ticket.

Your song request and dedication will be announced by a guest DJ!

**\$ \_\_\_\_\_ other**

All support matters.

**\$1,000** Dr. Josh will sing a snippet of your song request and announce your dedication.

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

**OPTION 2: Credit Card**

If you would like to pay with credit card please go to [nvrh.org/twist](http://nvrh.org/twist)

**OPTION 3: Personal Check**

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

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

**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 Please do not publish my name as a donor.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 \_\_\_\_\_.

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