



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

**Ticket and Gift Information**

I Will attend # people \_\_\_\_\_ (\$200 Per Person)

Add a DJ Song Request (\$25) \_\_\_\_\_

Dedicated to: \_\_\_\_\_

Add a Live Performance Song Request: (\$100) Patrick Ross and his band will play your song request in a Live Performance. The pre-approved list is found [HERE](#). Add your donation to the final total and email Jen Layn with your 1<sup>st</sup> and 2<sup>nd</sup> choice song request at [j.layn@nvrh.org](mailto:j.layn@nvrh.org)

I am unable to attend, but I'd like to make a gift of \$ \_\_\_\_\_ to support the new CAP Initiative.

Total Amount \$ \_\_\_\_\_

**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
- 5 pay periods       6 pay periods       7 pay periods       8 pay periods

**OPTION 2: Credit Card**

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

**OPTION 3: Personal Check**

Please make check payable to: NVRH and place "Gala" 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 Please do not publish my name as a donor.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)**