

2024 NVRH GALA

# DENIM AND Diamonds

Shining Light on Palliative Care



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

### EVENT TICKETS

# attendees \_\_\_\_\_ (\$200 each) = \$ \_\_\_\_\_

My attendance is in memory of:

\_\_\_\_\_

*(will be recognized at the gala)*



### SPECIAL GIFTS

\$ \_\_\_\_\_

All gifts (not including ticket purchases) will be matched up to \$10,000 by an anonymous donor to benefit the *Kate Piper Fund* for Palliative Care.

**Total Payroll Deduction Amount: \$ \_\_\_\_\_**

NOTE: Support at the \$1,000+ level (both tickets & gifts) will receive a commemorative engraved crystal in memory of the person named above.

## Payment Options

### 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 Please do not publish my name as a donor.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)