



Black & White Casino Night: All In for the West Wing

Employee Name: _____ Phone: _____

Event Tickets

of tickets _____ (\$200 each) = \$ _____

Name on tickets:

Payment Options

OPTION 1: Employee Payroll Deduction

Please deduct my gift from the next pay periods:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1 pay period | <input type="checkbox"/> 2 pay periods | <input type="checkbox"/> 3 pay periods | <input type="checkbox"/> 4 pay periods |
| <input type="checkbox"/> 5 pay periods | <input type="checkbox"/> 6 pay periods | <input type="checkbox"/> 7 pay periods | <input type="checkbox"/> 8 pay periods |

OPTION 2: Credit Card

If you would like to pay with credit card please visit nvrh.org/gala

OPTION 3: Personal Check

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 Please do not publish my name as a donor.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 Jenn Layn, Association Director of Philanthropy
j.layn@nvrh.org or through inter-office mail (Room #114 in the Business Center)