

**THIS
IS US
TOGETHER**

EVERY DOLLAR COUNTS. EVERYBODY COUNTS!

Your Gift Supports the New Pavilion
Grand View Health Foundation
FY 22/23 Employee Giving Campaign

(Please print and complete all lines below.)

Name: _____

Address: _____

Home Phone: _____ Home Email: _____

Recognition of My Gift: Please print clearly how you would like your name to appear on the GVH donor report

or check if you prefer to remain Anonymous.

Dedicate my gift to the Marie Clarke Memorial

Donor Raffles: Opt out of Prize Drawings

Your gift can be made in one or more of the following methods of payment:

Payroll Deduction (complete #1 below)

PAL Account (complete #2 on reverse side)

Check (check payable to Grand View Health Foundation)

Credit Card (complete #3 on reverse side)

Employees who give \$500 or more may choose to have their name or the name of a loved one appear on a brick paver on the hospital campus (complete Brick Order Form).

1. PAYROLL DEDUCTION:

Deduction Per Pay	26 pays = 1 yr.	52 pays = 2 yrs.
\$1.00	\$26.00	\$52.00
\$2.00	\$52.00	\$104.00
\$3.00	\$78.00	\$156.00
\$5.00	\$130.00	\$260.00
\$6.41	\$166.66	\$333.32
\$10.00	\$260.00	\$520.00
\$15.00	\$390.00	\$780.00
\$20.00	\$520.00	\$1,040.00
\$30.00	\$780.00	\$1,560.00
\$40.00	\$1,040.00	\$2,080.00



\$500+ = 4" x 8" Brick

\$750+ = 8" x 8" Brick

\$1,000+ = 12" x 12" Brick

See Brick Order Form for more details

I wish to pledge a total of \$_____ to be paid through payroll deduction in support of the ***This Is Us Together*** Campaign. I authorize Grand View Health to deduct **beginning the first payroll in January 2023**

or starting _____ (date):

The full amount of \$_____ over 2 years (52 paychecks)

The full amount of \$_____ over 1 year (26 paychecks)

The full amount of \$_____ deducted from one paycheck (lump payment) on _____ (date).

Other: \$_____ per paycheck for #_____ paychecks (max 52 paychecks).

(Employee Giving Campaign Pledge Form Page 2)

Name: _____

2. **PAL BENEFITS:** I want the Grand View Health Foundation, ***This Is Us Together*** campaign, to receive a total of \$ _____ (minimum \$100 for each PAL donation) as a pledge to be paid out of my PAL benefits accumulation.*

* A PAL donation may not result in your PAL bank being reduced to less than the dollar equivalent of one week of your normal schedule. Customary withholding of taxes will be deducted from your regular paycheck rather than from the PAL account.

Please deduct a PAL payment(s) in the amount of _____ on the following date(s) _____.

3. **CREDIT CARD PAYMENT:** I want to use a credit card to pay my pledge to the ***This Is Us Together*** campaign.

Name on your card _____ Amount: \$ _____

Card #: _____ VISA MasterCard Discover AMEX

Expiration Date: _____ CVV Code _____

Donation Authorization: Please Sign or Type Your Name Below

I understand my signature or typewritten name below constitutes my electronic signature and I agree to the payroll deduction, PAL donation, or other payment as noted above on this form for the ***This Is Us Together*** Campaign. My signature or typewritten name hereby authorizes Grand View Health to process my donation in accordance with this form.

Signature: _____ Date: _____

My total gift to the campaign is \$ _____

Return your pledge form **by mail** to Grand View Health Foundation at 700 Lawn Avenue, Sellersville, PA 18960
or **by email** to GVHFoundation@gvh.org from your GVH email or **by fax** to 215-513-3948.
Call the Development Office with questions at 215-513-3935.

Every Dollar Counts. Everybody Counts!

Thank YOU!

Way to go!

