



PARTNERSHIP IS POWERFUL MEDICINE.



## 2017 SVHC Employee Giving Campaign

Yes, I want to support Southwestern Vermont Health Care with a gift to the 2017 Employee Giving Campaign.

Name (please print): \_\_\_\_\_

Gift/Pledge Amount:  \$ 1,000  \$ 500  \$ 250  \$ 100  \$ 50  \$ 25  Other \$ \_\_\_\_\_

I wish to join the Equinox Circle and enjoy its membership benefits, with my gift of \$1,000 or more.

I would like my gift to be anonymous.  My gift is in honor/memory of: \_\_\_\_\_

**Please use my gift to support:**

- Where needed most
- Southwestern Vermont Regional Cancer Center
- SVMC Northshire Campus
- Investments in new technology
- Centers for Living and Rehabilitation
- SVMC Pownal Campus
- Southwestern Vermont Medical Center
- SVMC Deerfield Valley Campus
- Other: \_\_\_\_\_

**Payroll Deduction Options:**

- I pledge a **total sum of \$** \_\_\_\_\_ and authorize SVHC to **deduct payments** on my pledge. The amount deducted each pay period will be determined by the number of pay periods remaining in the fiscal year, which runs from Oct. 1, 2016 through Sept. 30, 2017.
- I pledge a **total sum of \$** \_\_\_\_\_ and authorize SVHC to take a **one-time payroll deduction** for the full amount.
- I authorize SVHC to **deduct the sum of \$** \_\_\_\_\_ **per pay period** from Oct. 1, 2016 through Sept. 30, 2017.

**Payment Options:**

- Enclosed is a check** payable to SVHC Foundation in the amount of \$ \_\_\_\_\_.
- I authorize a **one-time credit/debit card charge** in the amount of \$ \_\_\_\_\_.
- I authorize a **monthly credit/debit card charge** in the amount of \$ \_\_\_\_\_ per month through Sept. 30, 2017.
- I authorize a **monthly credit/debit card charge** in the amount of \$ \_\_\_\_\_ per month until further notice.

**Credit/Debit Card Information:**  VISA  MasterCard  American Express  Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Cardholder's name as it appears on card: \_\_\_\_\_

Address associated with this card: \_\_\_\_\_

**Thank you for your support!** All gifts are tax deductible to the fullest extent of the law.

**Please return your completed form in the enclosed reply envelope or deliver to: SVHC Foundation, 100 Hospital Drive, Bennington, VT 05201**

For questions, please contact us at 802-447-5017 or foundation@svhealthcare.org.

Donors who make annual gifts of \$1,000 or more are considered **Equinox Circle Members** and are honored at the following levels in the **SVHC Annual Report**. Gifts are recognized from Oct. 1–Sept. 30 each year.



Benefactor	\$100,000 +	Leader	\$5,000–\$9,999
Philanthropist	\$50,000–\$99,999	Innovator	\$2,500–\$4,999
Guardian	\$25,000–\$49,999	Pacesetter	\$1,000–\$2,499
Patron	\$10,000–\$24,999		