

Yes, I want to support Southwestern Vermont Medical Center and be part of the 2023 Nurses Giving Circle.

Name: _____

I am employed by: SVMC CNR NBO TRM

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

- I wish to join the Equinox Circle, SVHC's leadership giving society, and enjoy its membership benefits, with my gift of \$1,000 or more.
 I would like my gift to be anonymous. I would like to receive information on how to include SVHC in my/our estate plans.

Please use my gift to support:

- SVMC Nurses Fund *for training, certification, and professional development* The Mary L. Botter Fund for Education
 Margaret M. Rehm Academic Scholarship *for Nursing for BSN or higher degree* 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 through Sept. 30, 2023.
 I pledge a **total sum of \$** _____ and authorize SVHC to take a **one-time payroll deduction** for the full amount.

Employee Signature: _____

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, 2023.
 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

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.

Centennial Society	\$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		

