



PAYROLL DEDUCTION/PTO DONATION AUTHORIZATION FOR LIGHTS OF LOVE

*MUST BE FILLED OUT AND TURNED IN BY
November 14, 2025*

Make sure to complete form with honoree name(s) on back

In support of the UNC Health Nash Foundation's Lights of Love benefiting the Foundation Annual Fund, I authorize the following **payroll deduction** in my next two (2) paychecks in the amount of -
\$ _____

OR

In support of the UNC Health Nash Foundation's Lights of Love benefiting the Foundation Annual Fund, I authorize the following donation of _____ **Paid Time Off (PTO)** hours at the estimated value of \$ _____

***If my employment with Nash Health Care Systems should terminate, I understand and agree that the balance due on my ticket(s) will be deducted from my last paycheck.*

Employee Name (Please Print)

Employee Number

Employee Signature

Date

Please send signed copy by November 14th to
Magan Smith at magan.smith@unchealth.unc.edu
This year we will have an in person Tree Lighting Ceremony on
the ED front lawn, December 2nd at 5:30pm. Live stream
available on the UNC Health Nash Foundation Facebook page.

	\$15	\$25	\$50	\$100	\$200
White Light on Tree & Honoree's Name in Rocky Mount Telegram	X	X	X	X	X
Honoree's Name Read at Tree Lighting Ceremony		X	X	X	X
Keepsake Ornament and Ornament on Tree with Honoree's Name			X	X	X
Recognition on Hospital Donor Digital Boards				X	X
Holiday themed Yard Sign Displayed at Entrance of Hospital with Honoree's Name					X



Employee Name:
Employee Address:
City, State Zip:
Employee Email:
Total Donation:

Honoree Name:
Level: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200
<input type="checkbox"/> In Celebration <input type="checkbox"/> In Memory
Please send acknowledgement card to:
Name:
Address:
City, State Zip

Honoree Name:
Level: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200
<input type="checkbox"/> In Celebration <input type="checkbox"/> In Memory
Please send acknowledgement card to:
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Honoree Name:
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