PAYROLL DEDUCTION/ PTO DONATION LIGHTS OF LOVE

Donor Information

Name:

Address:

City, State, Zip:

Phone: Email:

Date of Birth: Employee #:

Birthdates are not required but we do like to be able to acknowledge our donors' birthdays!

In support of the UNC Health Nash Foundation's 2026 Lights of Love, I authorize the following payroll deduction in my next two (2) paychecks or one-time PTO donation in my next paycheck.

Payroll Deduction Grand Total: $

OR

PTO Donation Total Hours: For the value of: $

If honoring David Henson, please note the minimum is $100 for the custom ornament.

Please send signed copy by November 13th to Jamel Pitt at jamel.pitt@unchealth.unc.edu

This year we will have an in person Tree Lighting Ceremony on the ED front lawn, December 1st 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

Authorization

I authorize the Payroll Deduction or PTO Donation noted above. If my employment with UNC Health Nash should be terminated or I resign, I understand and agree that the balance due will be deducted from my last paycheck.

Signature: Date:

Send completed form via interoffice mail or email to jamel.pitt@unchealth.unc.edu

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

Honoree Name:	
Level:	☐ $15 ☐ $25 ☐ $50 ☐ $100 ☐ $200
	☐ In Celebration ☐ In Memory
Please send acknowledgement card to:	
Name:	
Address:	
City, State Zip	

Honoree Name:	
Level:	☐ $15 ☐ $25 ☐ $50 ☐ $100 ☐ $200
	☐ In Celebration ☐ In Memory
Please send acknowledgement card to:	
Name:	
Address:	
City, State Zip	

David Henson Memorial (skip this section if honoring others)	
Level:	☐ $100 ☐ $200 ☐ $_____
Please send acknowledgement card to:	
Name:	
Address:	
City, State Zip	