

Be Part of Our

# PILLAR *of Support* at the Van Nuys Adult Health Center

We would like to invite you to support the new VNAHC by personalizing a Name Plaque on our **Pillar of Support** Donor Wall. Your contribution will help us provide specialty care for HIV and Hepatitis C patients as well as adult primary care services.

NEVHC has several options that provide a way for you to leave a commemorative tribute or memorial gift in honor of a loved one, a fellow colleague or a special friend. NEVHC would be honored to have your name engraved on the **Pillar of Support** Donor Wall.

## NAME PLAQUE PRICES:

8" x 8" Name Plaque:..... **\$950**  
(70pt font, 13 characters per line, 6 lines max; option for custom logo)

6" x 6" Name Plaque:..... **\$350**  
(52pt font, 12 characters per line, 6 lines max)

4" x 4" Name Plaque: ..... **\$150**  
(36pt font, 11 characters per line, 6 lines max)

***Include your personalized message on the back side of this reply form.***

*Please complete and return this form with your check or payment information to:*

**NEVHC | 1172 N. Maclay Avenue, San Fernando, CA 91340**  
**Attn: Development Department**

You may also email this form to [nancygomez@nevhc.org](mailto:nancygomez@nevhc.org).  
If you have any questions, please contact **Nancy Gomez** at (818) 270-9578.



**Northeast Valley Health Corporation**  
a californiah<sup>+</sup>center

## NAME AND ADDRESS

Name: \_\_\_\_\_

Site: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

## PAYMENT METHOD

**Check:** Enclosed is my check for \$ \_\_\_\_\_  
payable to: **Northeast Valley Health Corporation**

**Credit Card** (circle one):  
American Express | Discover | MasterCard | Visa  
Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_ CCV#: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Payroll Deduction:**  
I, (print) \_\_\_\_\_

authorize NEVHC to make # \_\_\_\_\_ payroll \_\_\_\_\_

deductions totaling \$ \_\_\_\_\_

***Complete payment must be made within one year from the date you reserve your name plaque.***

Signature: \_\_\_\_\_

Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

To purchase your Name Plaque online, please visit  
**[www.nevhc.org/vnahc](http://www.nevhc.org/vnahc)**.

# PERSONALIZED MESSAGE

**8" x 8" Name Plaque:** (70pt font, 13 characters per line, 6 lines max; option for custom logo) *The size of the logo will limit the number of characters. Please submit the artwork as an EPS or vector to [nancygomez@nevhc.org](mailto:nancygomez@nevhc.org) for approval.*

1.												
2.												
3.												
4.												
5.												
6.												

**6" x 6" Name Plaque:** (52pt font, 12 characters per line, 6 lines max)

1.											
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**4" x 4" Name Plaque:** (36pt font, 11 characters per line, 6 lines max)

1.									
2.									
3.									
4.									
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As a token of our appreciation, you will receive a commemorative photo of your Name Plaque once it is engraved.