LEAVE A LASTING **LEGACY** on the **Pathway to Wellness**

EMPLOYEE REPLY FORM

NAME AND ADDRESS	
Name:	
Site:	
Home Address:	
City:	
State:	_ Zip:
Phone:	_ Ext:
Email:	
BRICK PRICES:	
8 x 4 Brick: (18 spaces per line, up to 3 lines)	\$175
8 x 8 Brick: (18 spaces per line, up to 6 lines)	\$375
□ 12 x 12 Brick: (24 spaces per line, up to 8 lines; option for	\$1,000 custom logo)
 Bench with Dedication Plaque: \$5,000 (Limited availability. Contact Jenori Galicia.) Include your personalized message on the back 	
side of this form.	

PAYMENT METHOD

□ Check: Enclosed is a check payable to NEVHC for

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Credit Card (circle one): American Express Discover Master Card Visa	
Name on Card:	
Credit Card #:	
Expiration Date:	
Zip Code:CCV#	
Authorized Signature:	
Payroll Deduction	
I, (print)	
authorize NEHVC to make even payroll deductions	
totaling \$ through December 31, 2021.	
Complete payment must be made by December 31, 2021.	
If I separate from NEVHC before December 31st, I allow NEVHC to deduct the remaining balance due from my final paycheck.	
Signature:	
Employee #: Date:	
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 jenorigalicia@nevhc.org. If you have any questions, please contact Jenori Galicia at ext. 41711.	

PATHWAY TO WELLNESS

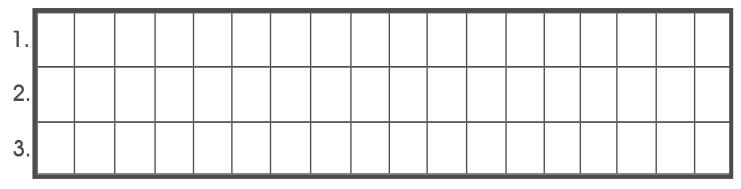
To purchase your brick online, please visit nevhc.org/tribute

NEVHC A

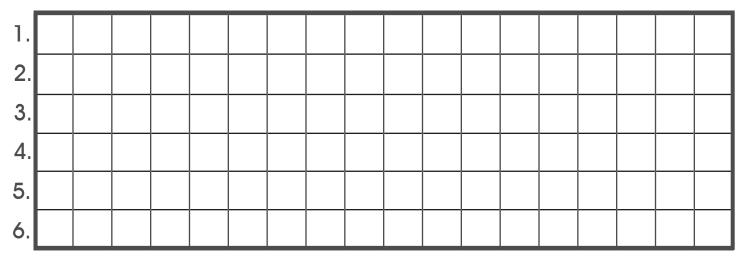
Northeast Valley Health Corporation a california health⁺ center

PERSONALIZED MESSAGE

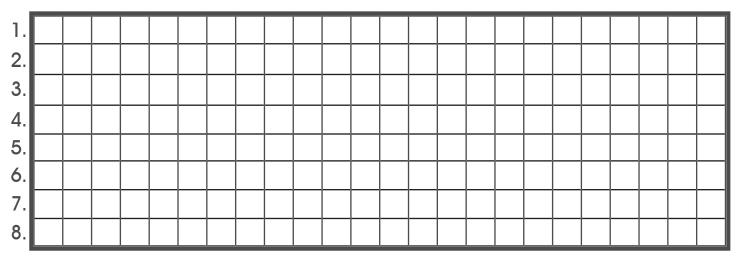
8 x 4 Brick (Limit of 18 characters per line with a total of up to 3 lines.)



8 x 8 Brick (Limit of 18 characters per line with a total of up to 6 lines.)



12 x 12 Brick (Limit of 24 characters per line with a total of up to 8 lines.)



Your contribution is tax deductible, with the exception of engraving fees. NEVHC is a private, non-profit community health center; Federal Tax ID number is 23-7120632