NANAIMO & DISTRICT HOSPITAL FOUNDATION

It's in our Nature to Give

PAYROLL DEDUCTION AUTHORIZATION FORM
FOR ISLAND HEALTH EMPLOYEES ONLY

TITLE: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

DATE OF BIRTH: _____ EMPLOYEE NUMBER: _____
(Found on your pay statement)

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE #: _____ EMAIL: _____

CELL #: _____ WORK PHONE #: _____

I WISH TO DONATE: ☐ $20 per pay ☐ $10 per pay ☐$5 per pay other amount: $ _____

GIFT DESIGNATION: ☐ Greatest Needs ☐ Other: _____
(Please specify)

Authorization: I hereby authorize the following charitable donation payroll deduction(s) to be deducted bi-weekly from the options selected in the above list. Please continue my deductions until I submit a request in writing to Human Resources (2 weeks' notice required) to stop my deductions. (Payroll deductions will commence in the pay period when this form is completed, authorized, and arrives in Human Resources). The Foundation will submit the completed form on your behalf.

EMPLOYEE SIGNATURE: _____ DATE: _____

Privacy: We are committed to protecting your privacy and maintaining the confidentiality of your personal information. Your personal information will only be used for the transaction of your contribution.

Please return completed form to:
Email: EmployeeRecords@islandhealth.ca
Mail: Nanaimo & District Hospital Foundation, 1200 Dufferin Cres, Nanaimo, BC V9S 2B7
In Person: The Foundation Office located in NRGH (by elevators on main floor)

Thank you for making a difference in the lives of patients!