



Delta Hospital
FOUNDATION

WE ARE ALL DELTA HOSPITAL

Sign me up for the Delta Hospital Foundation
Casual Day Program

EVERY FRIDAY

Name

Employee #

Department

Email Address

Work or Cell Phone #

Home Phone #

Home Address

City, Postal Code

Credit Card Number

Expiry Date

Visa

Mastercard

American Express

Please enroll me in the **DHF Staff Casual Day Program**. I authorize the Delta Hospital Foundation process a reoccurring gift of \$10 per month

Signature

Date