

ISLAND HEALTH EMPLOYEE GIVING PAYROLL DEDUCTION REQUEST FORM

THANK YOU FOR YOUR PAYROLL CONTRIBUTION TO THE



PLEASE FILL IN THE INFORMATION BELOW AND FORWARD YOUR FORM TO THE ADDRESS BELOW.

- I wish to donate \$_____ through payroll deduction*.
- I wish to change my deducted amount to \$_____*.

*Biweekly dollar figure to be withheld every two weeks. Deductions will be continuous and two weeks notice of cancellation is required through Island Health Records and Benefits Department.

First Name:

Employee Number:

Last Name:

Site:

Home Address:

Phone Number:

Email:

Signature:

**Please forward completed form to: Nanaimo & District Hospital Foundation
brenda@nanaimohospitalfoundation.com
102—1801 Bowen Road, Nanaimo, BC V9S 1H1**

Privacy Statement: Nanaimo & District Hospital Foundation is committed to protecting the privacy and confidentiality of your personal information. It is used only for (Foundation) and Island Health's records; to administer your donation and contact you about renewal; to respond to your information requests; to know who our donors are; to send you literature about Nanaimo & District Hospital Foundation or invite you to recognition events and information sessions; and to thank you and recognize your gift. We do not share donor lists. We safeguard your personal information; to see our complete privacy policy, please go to www.nanaimohospitalfoundation.com

Charitable Business Number 11905 0672 RR0001

