



*Funny how raising funds
raises spirits as well...*

*Every dollar donated
contributes to countless
moments like this one.*



Yarmouth Regional Hospital
PAYROLL DEDUCTION
Authorization Form

Yes, I would like to support the *Yarmouth Hospital Foundation*'s efforts to fund the equipment needs of Yarmouth Regional Hospital.

I, therefore, authorize NS Health (formerly South West Health) to deduct from my pay as indicated on the form below. I understand that this deduction may be canceled by me, at any time, by notifying the Payroll Department in writing.

I am aware that a record of my payroll deduction donation will appear on my T-4 slip for income tax purposes. No other receipt will be issued.

NAME: _____

EMPLOYEE #: _____

HOME PH. #: _____

HOSPITAL LOCAL #: _____

I hereby authorize NS Health (formerly South West Health) Payroll Office to deduct from my bi-weekly pay, commencing immediately:

(please check one)

Annual Deductible Contribution

- | | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | \$2 per pay period until canceled by me | \$ 52.00 |
| <input type="checkbox"/> | \$5 per pay period until canceled by me | \$ 130.00 |
| <input type="checkbox"/> | \$10 per pay period until canceled by me | \$ 260.00 |
| <input type="checkbox"/> | \$ _____ per pay period until canceled by me | \$ _____ |
| <input type="checkbox"/> | \$ _____ lump sum payroll deduction | |

OR Enclosed is my lump sum gift of \$ _____ payable to the Yarmouth Hospital Foundation. Please have Yarmouth Hospital Foundation issue my charitable tax receipt.

DATE: _____ **SIGNATURE:** _____

**Please return the completed form to the Yarmouth Regional Hospital Administration
(Cindy Atwood 742-3542 ext 1313) for payroll processing.**

Blank copies are available through the Foundation office, located on the main floor of the hospital, or you can print a copy from the Foundation's web site

www.yarmouthhospitalfoundation.ca/staff_support.html

Thank you!