YARMOUTH REGIONAL HOSPITAL Payroll contribution permission form

Yarmouth Hospital Foundation has become the major source of funding for vital equipment needs at Yarmouth Regional Hospital, and, as you well know, the needs of the hospital are ongoing.

Your donations are put to work here in your regional hospital, for the areas of greatest need.

Thank you for your generosity and support.

Fo ne	undation's efforts to fund the vital equipment eds of Yarmouth Regional Hospital.
I, therefore, authorize NS 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 and that no other receipt will be issued.	
Name	(first, middle, last):
Employee number:	
Phone (home/cell):	
Phone (work/extn):	
Email:	
I hereby authorize NS Health Payroll Office to deduct from my bi-weekly pay, commencing immediately:	
	\$2 per pay period, until cancelled by me. (Annual deductible contribution \$52.00)
10 B E E	\$5 per pay period, until cancelled by me. (Annual deductible contribution \$130.00)
	\$10 per pay period, until cancelled by me. (Annual deductible contribution \$260.00)
	\$ per pay period, until cancelled by me. (Annual deductible contribution \$)
	\$ lump sum payroll deduction.
OR	Enclosed is my lump sum gift of \$ payable to Yarmouth Hospital Foundation. Please have Yarmouth Hospital Foundation issue my charitable tax receipt.

Yarmouth Hospital Foundation

YHF Charitable Registration No. 11930 5555 RR0001

Dated:

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Signed: