



Staff Donation Form Halton Healthcare Services

Please complete this form and send through interoffice mail or fax to the appropriate Foundation office:

I would like to assign a payroll deduction to:

- Georgetown Hospital Foundation**
Fax: (905) 873-4580
- Milton District Hospital Foundation**
Fax: (905) 693-9199
- Oakville Hospital Foundation**
Fax: (905) 257-6758

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ email _____

Make a Single Gift

Gift Amount: \$ _____

Please select one: Visa MC Cheque, (payable to the indicated Foundation)

Credit Card #: _____ Expiry Date: ____/____/____

Signature: _____

Gifts through Payroll Deduction

Gift Amount per pay: \$ _____

Frequency of Donation: per pay period 1st pay period per month

Length of Time for Payroll Deductions: until I advise you to stop until this date: _____

I hereby authorize the Halton Healthcare Services to make automatic deductions from my pay as indicated on behalf of the indicated hospital Foundation. I understand that I may cancel this authorization at any time by notifying the human resources department in writing.

Signature: _____ Date: _____

Note: Your annual total contributions will be reflected on your T4 slip issued by the Finance Department in February of each year.

Thank you for contributing to the health of *our* community- both our town and our workplace!