

## PAH Staff Giving Program – Authorization Form

Name	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss First: _____ Last: _____
Employee Number & Dept	Employee # _____ Dept: _____
Address	
City, Province, Postal Code	
Phone Number (home)	
Email	
Amount per pay period (bi-weekly)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> other \$ _____
Start date of first donation	Pay period date: <u>  </u> day / <u>  </u> month / <u>  </u> year
Please direct my donation to:	<input type="checkbox"/> Area of Greatest Need <input type="checkbox"/> Other: _____ *please specify
Employee Signature _____ Date _____	
<b>Thank you for investing in the health and wellness of our community.</b>	

### FORM SUBMISSION

Please send this form to Peace Arch Hospital and Community Health Foundation and keep one copy for your records. Payroll deductions will begin within two weeks of submitting. Please contact the Foundation if you do not see these deductions on your paycheck.

Your tax receipt will be provided on your T4 slip in February. \*If employee is on leave and has no earnings, deductions will automatically stop. Deductions will not go into arrears.

**ATTN: Peace Arch Hospital and Community Health Foundation**

15521 Russell Avenue, White Rock, BC V4B 2R4

Phone: 604.535.4520

Fax: 604.541.5820

Email: [info@pahfoundation.ca](mailto:info@pahfoundation.ca)

### PAYROLL DEDUCTION CHANGES

To change your donation amount or to cancel your payments, please send this form to Peace Arch Hospital and Community Health Foundation with the following information:

Please **change** my bi-weekly contribution amount to \$ \_\_\_\_\_ effective:    day /    month /    year

Please **cancel** my bi-weekly contributions effective:    day /    month /    year

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ \*Please allow up to two weeks to process

## PAH Staff Giving Program

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We are pleased to introduce the *PAH Staff Giving Program*. With the support of Fraser Health Payroll, PAH staff can now donate biweekly in support of their hospital.

- It's an easy, convenient and secure way to give
- Give to the area of greatest need or to the department or program that has particular meaning to you
- Minimum gift required is \$5 per pay period – the cost of a Starbucks latte or movie rental on Video on Demand
- You can change or stop your giving at any time
- Charitable contribution will appear on your T4 slip each year
- Your gifts will have a direct impact on the health and wellness of our community

For more information:

CALL: 604.535.4520

EMAIL: [info@pahfoundation.ca](mailto:info@pahfoundation.ca)

VISIT: The Foundation office Monday to Friday, between 8:00 AM and 5:00 PM (located in the hospital's main lobby – beside admitting)