



Vernon Jubilee Hospital Foundation PAYROLL DEDUCTION AUTHORIZATION

I authorize Interior 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.

NAME: _____ EMPLOYEE NUMBER: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ HOSPITAL LOCAL: _____

Yes, I would like to support Vernon Jubilee Hospital Foundation’s fund raising efforts, by signing up for the 2012 **“Casual for a Cause”**. 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.

These donations will appear on your T-4 slip for income tax.

Please deduct \$ _____ per pay for _____ pay periods to a total of \$100.00
Example: \$5.00 per pay for 20 pay periods to a total of \$100



DATE: _____ SIGNATURE: _____

(Please complete the personal information at the top of this form)

REGULAR DONATION VIA PAYROLL DEDUCTION

These donations will appear on your T-4 slip for income tax.

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. These donations may be directed to any of the departments in the hospital.

- \$5 per pay period until canceled by me \$ 130.00
- \$10 per pay period until canceled by me \$ 260.00
- \$ _____ per pay period until canceled by me \$ _____
- \$ _____ lump sum payroll deduction
- Please direct my donation to _____ Unit.

DATE: _____ SIGNATURE: _____

(Please complete the personal information at the top of this form)