

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 efforts to equip the new tower at Vernon Jubilee Hospital by supporting 2009 **"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.

This donation will be directed to the Building a Tower of Care Campaign.

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

\$ _____ per pay for _____ pay periods to total \$100.00

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)