



Staff Donation Form Halton Healthcare Services

Please complete this form and send to Human Resources or the appropriate Foundation office:

I would like to assign a payroll deduction to (please circle):

☐ **Georgetown Hospital
Foundation**

☐ **Milton District Hospital
Foundation**

☐ **Oakville Hospital
Foundation**

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ email: _____

Make a Single Gift

Gift Amount: \$ _____

Please select one: ☐ Visa ☐ MC ☐ AMEX (*OHF only*) ☐ Cheque (*payable to the indicated Foundation*)

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

Signature: _____

Gifts through Payroll Deduction

Gift Amount per pay: \$ _____ per pay period

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

I hereby authorize Halton Healthcare 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: _____

Gift Designation

I would like my donation to be attributed to:

☐ Top priority capital equipment list annually ☐ This Dept's capital equipment needs: _____

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!