

PRHC Staff Gift Agreement Form – I am pleased to support the PRHC Foundation. *Please print clearly.*

Last Name: _____ First Name: _____ Dept: _____ Ext: _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Email: _____

Payment Type: (Please choose one payment type)

Payroll Deduction

Please deduct: \$5 \$10 \$15 \$_____ each pay period to start within the next two pay periods.

OR

Please deduct a one-time gift of \$_____ within the next two pay periods – if you prefer, you can specify a month _____

Signature _____ Date _____

One time Gift

Amount \$_____ Payment made by Cash Cheque-please make payable to PRHC Foundation

Visa MasterCard Credit Card# _____ Expiry _____

Signature _____ Date _____

Monthly Donation Can be made by using pre-authorized chequing or credit card.

I'd like to make a monthly donation of: \$5 \$10 \$15 \$_____

BY CHEQUE

Please deduct the amount specified above from my bank account. I have attached a cheque marked "VOID"

BY CREDIT CARD

Please deduct the amount specified above from my credit card as indicated above

Visa MasterCard Credit Card# _____ Expiry _____

Please start my gift on the 1st 15th of each month.

Signature _____ Date _____



CHARITABLE RECEIPTS: Employees using the payroll deduction option; deductible amounts will be noted on T4 slips as charitable donations. The PRHC Foundation will receipt all other donations by February 15th of the calendar year following the gift.
Revenue Canada Business # 11909 1825 RR 0001

PLEASE NOTE: You can discontinue your payroll deduction at any time – just call the foundation office at 876-5000.
Thank you. Your generosity means we have the essential tools needed to deliver the best patient care possible.