



# Employee Giving Form

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

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employee ID # 

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### Payroll Deduction Amount (choose one):

- \$2 per pay    \$5 per pay    \$7 per pay    \$10 per pay    \$20 per pay    Other \$\_\_\_\_\_ per pay

### Payroll Deduction Duration (choose one):

- 26 pay periods (1 year)    52 pay periods (2 yrs)    130 pay periods (5 years)    Other \_\_\_\_\_ pay periods

- Ongoing (no end date). ***You can cancel your deduction at any time.***

### Payroll Deduction Start Date (choose one):

- Immediately    Begin on this date: \_\_\_\_\_

### I would like my gift to support:

- Hearts and Minds Campaign    Cardiac    C&Y Mental Health    Another Program/Unit \_\_\_\_\_

### Recognition of Gift:

- Please include my name on the staff giving wall (minimum gift of \$50 required)

- I wish to remain anonymous

Name as it should appear on the staff giving wall: \_\_\_\_\_

**Staff signature authorizing payroll deduction:** \_\_\_\_\_

Completed forms can be returned to the RVH Foundation through interdepartmental mail, or email to [foundation@rvh.on.ca](mailto:foundation@rvh.on.ca)

Contributions are tax deductible and receipted on your T4.

Charitable registration # 125249185RR0001