



# RVH Employee Giving Form Hearts and Minds

Name \_\_\_\_\_

Department \_\_\_\_\_ Employee ID \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Confidential

Please complete and return to the Foundation Office  
(Room 2G007 – RVH main entrance next to volunteer information desk)

### Payment Options:

Payroll deduction in the amount of \$ \_\_\_\_\_ per pay beginning on the date of \_\_\_\_\_  
for \_\_\_\_\_ pay periods, for a total pledge of \$ \_\_\_\_\_.  
(Form must be submitted minimum of 1 week prior to first deduction.)

Signature \_\_\_\_\_

Cheque enclosed made payable to The Royal Victoria Hospital Foundation:  One time  Monthly

Credit card:  Visa  MasterCard  AMEX \$ \_\_\_\_\_ To be deducted:  One time  Monthly

Card # \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

One time cash gift of \$ \_\_\_\_\_

Online donation: [Heartsandminds.kintera.org](https://heartsandminds.kintera.org)

### Recognition of Gift:

The Donor(s) gives the Foundation permission to publicly recognize their commitment. The Foundation will, however, clear any media releases and photos with the Donor(s) before issuing such release.

The Donor agrees to be recognized as: \_\_\_\_\_

I wish to remain anonymous

I wish to have my name listed as noted above