



# Employee Campaign

## Donation Form

To donate online, please visit [www.hamiltonhealth.ca](http://www.hamiltonhealth.ca) and click 'Donate Now' then 'Payroll Deduction'.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_ HHS Department: \_\_\_\_\_

\_\_\_\_\_ HHS Position: \_\_\_\_\_

City: \_\_\_\_\_ HHS mailing address: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number/ext.: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### STEP 1

#### DEFINE GIFT

I would like to join the Employee Campaign. **OR**  I would like to change my current payroll deduction.

Total Gift Amount \$ \_\_\_\_\_

Amount per payroll deduction \$ \_\_\_\_\_

#### Gift Frequency:

Once only – single gift  Per Pay Period  Monthly  Quarterly  Semi-annually  Annually

Start Date:  Immediately **OR**  Start Date: \_\_\_\_\_

End Date:  Ongoing until further notice **OR**  End Date: \_\_\_\_\_

### STEP 2

#### GIFT DESIGNATION

Please designate my gift for:

#### Amount:

Area of Greatest Need \$ \_\_\_\_\_  McMaster Children's Hospital \$ \_\_\_\_\_

Hamilton General Hospital \$ \_\_\_\_\_  McMaster University Medical Centre \$ \_\_\_\_\_

Henderson General Hospital \$ \_\_\_\_\_  St. Peter's Hospital \$ \_\_\_\_\_

Juravinski Cancer Centre \$ \_\_\_\_\_  Other area or Program: \_\_\_\_\_ \$ \_\_\_\_\_

### STEP 3

#### GIFT PAYMENT TYPE (please choose one)

Payroll deduction (as stated above)

Automatic withdrawal from my bank account on the  1st or  15th of each month (please attach a VOID cheque)



My cheque is enclosed.

Credit Card:  American Express  MasterCard  Visa

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

	Hamilton Health Sciences Foundation	Telus
Received By:		
Date Received		
Donor ID		

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