



*Funny how raising funds  
raises spirits as well...*

*Every dollar donated  
contributes to countless  
moments like this one.*



**Yarmouth Regional Hospital**  
**PAYROLL DEDUCTION**  
**Authorization Form**

Yes, I would like to support the Yarmouth Hospital Foundation's efforts to fund the equipment needs of Yarmouth Regional Hospital.

I, therefore, authorize South West Health to deduct from my pay as indicated on the form below. I understand that this deduction may be canceled by me, at any time, by notifying the Payroll Department in writing.

I am aware that a record of my payroll deduction donation will appear on my T-4 slip for income tax purposes. No other receipt will be issued.

NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

HOME PH. #: \_\_\_\_\_ HOSPITAL LOCAL #: \_\_\_\_\_

I hereby authorize South West Health Payroll Office to deduct from my bi-weekly pay, commencing date:

(please check one) \_\_\_\_\_ Annual Deductible Contribution

- \$2 per pay period until canceled by me \$ 52.00
- \$5 per pay period until canceled by me \$ 130.00
- \$10 per pay period until canceled by me \$ 260.00
- \$ \_\_\_\_\_ per pay period until canceled by me \$ \_\_\_\_\_
- \$ \_\_\_\_\_ lump sum payroll deduction

OR  Enclosed is my lump sum gift of \$ \_\_\_\_\_ payable to the Yarmouth Hospital Foundation. Please have Yarmouth Hospital Foundation issue my charitable tax receipt.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_