



**RIDGE MEADOWS
HOSPITAL FOUNDATION**
SUPPORTING THE BEST IN HEALTH

COFFEE CLUB
‘Swap a perk for work’

Donation by Payroll Deduction

Tax deductible amount will be reflected on T4 slips as charitable donations.

Please deduct:

\$5 \$10 \$15 \$20 \$25 \$ _____ **each pay period.**

Designation: Area of greatest need Other _____

I would like to remain anonymous.

I hereby authorize the Foundation to process recurring donations to the Foundation by payroll deduction in the amount indicated above until such time as I choose to cease, at which time I will give two weeks notice to the Foundation Office.

Name: _____ Department: _____

Address: _____

Email: _____

Phone: _____

Signature: _____ Employee No: _____