



## REGIONAL HOSPITAL FOUNDATION

### Cape Breton Regional Hospital Foundation Payroll Deduction Form

By supporting the Regional Hospital Foundation's Payroll Deduction Program, you are helping purchase the equipment needed to provide the best care for the thousands of patients who rely on the Regional Hospital every year. Thank you for your continued support!

Please complete this form and return it by fax, mail or internal mail to:

**Cape Breton Regional Hospital Foundation** or  
45 Weatherbee Road, Ste 209  
Sydney, NS B1M 0A1  
Fax (902) 567-7916

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

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

Employee Number: \_\_\_\_\_

Hospital Site: \_\_\_\_\_

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

**I am pleased to commit to the Employee Payroll Deduction Program.**

The deduction amount shall be: \_\_\_\_\_ each pay period.

Date of first deduction: \_\_\_\_\_ Area of care: \_\_\_\_\_

(For a full list of areas of care, please visit: [www.becauseyoucare.ca](http://www.becauseyoucare.ca))

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

**Important, please read:** This deduction will continue until changed or cancelled by the employee through written notification to the Foundation which is in receipt of your donations.