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INNOVATIVE HEALTH CARE.**

EMPLOYEE GIVING FORM

55 Rideau Street, Ste. 4, Kingston, ON K7K 2Z8
www.uhkf.ca Phone 613-549-5452 Fax 613-549-5455
 Charitable Registration Number #820218147RR0001

Employee Information (Please Print)

Name: _____ Organization: _____ Employee ID: _____
 Work Phone: _____ Department: _____ Location/Floor: _____
 Home Address: _____ City: _____ Province: _____
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Yes, I'd like to do my part in supporting the hospitals!

For your convenience, your charitable contributions will be included on your T4.

Gift Amount via Payroll Deduction:

Your deduction will begin within one month of submitting this form.

I'd like to give:

\$50/pay \$40/pay \$30/pay \$20/pay \$10/pay \$5/pay Other/pay \$ _____

Single Gift Option:

I prefer to make a one-time gift: \$ _____

My Payment Details:

Automatic Payroll Deduction

My cheque is enclosed \$ _____ (Make cheques payable to UHKF)

Pre-authorized debit \$ _____ per month (Attach void cheque) Payments to begin: _____

Please charge my gift to: Visa MasterCard

Card#: _____ Exp: _____

Name on Credit Card: _____ Signature: _____

Gift Designation

Shared among all three hospitals, where needed most

Kingston General Hospital

Hotel Dieu Hospital

Providence Care

_____ (please specify hospital and department)

Should you have any questions or wish to discontinue your gift at any time, please contact the Foundation at 613-549-5452. The University Hospitals Kingston Foundation respects your privacy and protects your personal information. We do not rent, sell or trade our donor lists. Personal information collected is for UHKF communication purposes only. Please contact our Privacy Officer for more information, 613-549-5452, or www.uhkf.ca. As a common practice with Canadian fundraising organizations, a portion of your donation will be used for expenses. UHKF recognizes donors of \$100 or more per year in a variety of ways, including but not limited to; publication in Annual Reports and Donor Walls that may appear online and throughout the hospitals. I do not wish to be recognized

Signature: _____ Date: _____

Please send your completed form through interoffice mail to:
University Hospitals Kingston Foundation at 55 Rideau Street, Suite 4