

UHKF STAFF GIVING FORM

Name _____ Date _____
PLEASE PRINT DD / MM / YY

Employee Number _____ Work Location _____
IF YOU KNOW IT *REQUIRED

Email Address _____ Phone _____

Mailing Address _____

City _____ Province _____ Postal Code _____

YES! I'd like to do my part in supporting amazing health care in Kingston

GIFT DESIGNATION

Share my gift where needed most **OR** Other _____
SPECIFY HOSPITAL OR DEPARTMENT

Please choose a gift option



GIVE THROUGH AUTOMATIC PAYROLL DEDUCTION

Any donations will be visible on your pay statements. Charitable contributions will be included on your T4 statement. Your deductions will begin within one month of submitting this form.

\$15 per pay \$10 per pay \$5 per pay \$_____ per pay



GIVE THROUGH MONTHLY DONATION

\$15 per month \$10 per month \$5 per month \$_____ per month

Name _____ Signature _____

VOID Cheque Enclosed **OR** please charge my **VISA Mastercard AmEx**

Card Number _____ Expiry Date _____ / _____
MM YY

Send your completed and signed PDF to foundation@uhkf.ca or fax to **613.549.5455** **OR** Send your completed form via inter-office mail to **UHKF 4-55 Rideau St Kingston ON K7K 2Z8**

You can alter or end your recurring gift at any time by contacting UHKF. UHKF respects your privacy and protects your personal information. We do not buy, sell, share, trade or rent our donor lists. Personal information collected is for UHKF communication purposes only. UHKF recognizes donors of \$100 or more per year in a variety of ways. I wish to remain anonymous.



University Hospitals Kingston Foundation
uhkf.ca | **613.549.5452** | foundation@uhkf.ca
4-55 Rideau St Kingston ON K7K 2Z8
Charitable Registration No. 820218147RR0001

PROUDLY SUPPORTING

