



Staff Payroll Deduction Form

Thank you for your hard work every day as a member of our PHC family. By becoming a donor to the new St. Paul's, your gifts will help to ensure that we continue to provide the highest standard for compassionate, patient-centred care. With your support, the new St. Paul's will transform our hospital. Our community. Our work.

Thank you for joining us in this once-in-a-career opportunity to be part of something truly life changing.

Contact Information

Form fields for contact information including title (DR, MR, MRS, MS, OTHER), date, staff ID, name, department, address, city, province, postal code, telephone, and email.

My Gift Details

Please deduct \$_____ per pay period over 5 years in support of the New St. Paul's Hospital (It's Happening). Your total pledge of \$5,000 is just \$83.53 per month! That is as little as \$38.46 per pay period.

(PREFERRED) START DATE _____ SIGNATURE _____

Donor Recognition Details

I would like to be recognized personally for my gift: Yes No
My gift will count towards recognition for the Department of: _____

Thank you

Please send your completed form to: St. Paul's Foundation - Database Department Fax: 604.806.8326 | Email: spfoundation@providencehealth.bc.ca

Your tax deduction will be indicated on your annual T4 slip. You will not receive an additional tax receipt for income tax purposes.

Thank you for your generous support! If you have any questions about the foundation or the It's Happening campaign for a new St. Paul's, please contact: Clayton Norbury at cnorbury@providencehealth.bc.ca | 604-910-1182



Suite 178 - 1081 Burrard St, Vancouver, BC, V6Z 1Y6 T: 604 682 8206 or 1 800 720 2983 (BC Only) spfoundation@providencehealth.bc.ca



Charitable Registration #11925 7939 RR0001

INTERNAL USE ONLY:

Donation rec'd by: _____ PRM on receipt: _____ Appeal ID: IHC Other: _____
Fund ID: 1866233 NSP 1866449 NSP Heart/Lung 1866450 NSP Addiction/CFE 1866451 NSP Renal/ED 1866452 NSP Surgery/Imaging
INSTRUCTIONS: Apply to Pledge: _____ Link to Proposal: _____ Soft Credit: _____

