

Saskatchewan Health Authority Employee Payroll Deduction to Saskatoon City Hospital Foundation

PRINTABLE DONATION FORM — Please complete this form and mail, fax or scan and email to:

Saskatoon City Hospital Foundation

701 Queen Street, Saskatoon, SK S7K 0M7

Phone: (306) 655-8489

Fax: (306) 655-8245

Email: schf@saskhealthauthority.ca



DONOR INFORMATION

Employee Number: _____

Title: _____ First Name: _____ Last Name: _____

Home Address: _____ PC: _____

Department: _____ Site: _____

Telephone: _____ Email: _____

*Name will appear as above for recognition purposes unless advised otherwise. I wish my gift to be anonymous.

PAYMENT INFORMATION

I authorize SKHA Payroll to deduct:

My donation from my pay in equal instalments of \$ _____ x 26 pay periods, starting on _____ until further notice.

A one-time donation of \$ _____ from my pay cheque on the following date _____.

YOUR SUPPORT IMPROVES LIVES. THANK YOU!

The cumulative amount of your charitable donations will be reported on your annual T4.

Signature(s): _____ Date: _____

Note: SCHF will forward this form for processing to:

SKHA Payroll Dept / Avord Towers

1120-606 Spadina Cres. E

Saskatoon, SK S7K 3H1

If you have questions regarding payroll deduction please contact 306-655-0930.

Charitable Business Number: 119140739RR0001

SCHF respects your privacy and protects your personal information. We do not sell or exchange information with other organizations.