



'Feel Good In Your Hood' Pledge Form

Your charitable donation remains in the department of your choice!
Funds will be used for equipment & education!

Name: _____ Employee #: _____

Contact Phone #: _____ Email: _____

Home Address: _____ Postal Code: _____

Please ensure to include your mailing address above to receive your tax receipt.

PAYROLL PLEDGE

Choose one option below:

- \$38.50 per pay period (\$1001 annually) Chair's Circle \$25 per pay period (\$650 annually)
 \$10 per pay period (\$260 annually) \$5 per pay period (\$130 annually)
 Other \$ _____ per pay period

ALTERNATIVE DONATION OPTIONS

My donation of: _____

- Monthly giving One time donation Visa MasterCard Amex

Name on card: _____ Card #: _____ Exp: _____

Signature: _____ Date: _____

Please ensure specify which department/unit you would like your donation to benefit (see back page).

Bring your form back to the Foundation office to get started!



- Administration
- Ambulatory Care
- Biomed
- Cardiology
- Child and Youth Crisis
- Clinical Nutrition
- (COS) Community Outpatient Services)
- C2B / W2B – Medical
- Diabetes
- Eagle Ridge Manor
- Emergency
- E2A - PATH
- E2B – Rehab general
- Food and Nutrition
- Foundation
- Health Records
- Hearing Program, Public Health
- Hospitalists/Physicians/Surgeons
- Laboratory
- Medical Imaging
- MCU - Monitored Care Unit
- Occupational Therapy
- OR PACU Day Surgery
- Physiotherapy
- Patient Registration
- Pharmacy
- Facilities / Plant Services
- Rapid Access Clinic
- Respiratory
- Speech –Language Pathology – (SAM)
- Social Work
- Sterile Processing
- Volunteer Resources
- W2A - Surgery

Equipment Suggestions:

*Please note that Managers will assist in final equipment & education decision.