

# Heartfelt Heroes Donation Form

Your charitable donation remains in the department of your choice!

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Please ensure to include your correct mailing address to receive your tax receipt.*

## PAYROLL PLEDGE

Choose one option below:

- \$38.50** per pay period (\$1,001 annually)  
*Chair Circle (greater than \$1000/year)*
- \$10** per pay period (\$260 annually)
- \$25** per pay period (\$650 annually)
- \$5** per pay period (\$130 annually)
- Other: \$\_\_\_\_\_ per pay period

## ALTERNATE PAYMENT METHODS

Amount: \$\_\_\_\_\_ per month

1. Credit Card:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

2. Direct Debit: **Please provide a void cheque or Pre-Authorized Debit form from your bank.**

I authorize payment on the  1st  15th  other: \_\_\_\_ of every month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See reverse to specify which department/unit you would like your donation to benefit. Unspecified gifts will support ERH's greatest needs.

**RETURN COMPLETED FORM TO FOUNDATION OFFICE**

Please select one:

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

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\*Please note that Managers will assist in final equipment and education decisions.

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Inside Eagle Ridge Hospital - Main Floor, Front Entrance.