



Employee Giving Program

Thank you for joining BUH Foundation's Employee Giving Program. We value your partnership and are grateful for your generosity in giving back to your local hospital. With your support BUH Foundation can continue to help provide enriched patient care when it's needed most.

Name: _____

Mailing Address: _____

Phone (h): _____ Phone (w): _____

Phone (c): _____ Email: _____

Facility / Department: _____

Choose How to Give:

Payroll Deductions:

I authorize Saskatchewan Health Authority to deduct the following amount per pay period:

\$5 \$8 \$10 \$15 or \$ _____

Hour of Giving Club:

I pledge to give one hour of my pay: via payroll deduction via credit card, cash, or cheque

Weekly Monthly Quarterly One Time Donation

Credit Card: _____ Exp. _____ Amount: _____

"A Brighter Tomorrow" Monthly Giving Club:

I want to give every month with a credit card or direct debit, please send me more information.

One Time Donation:

My one time gift of the following is enclosed: \$25 \$50 \$100 Other \$ _____

Credit Card: _____ Exp. _____ Cash Cheque

Choose Where to Give:

Please designate my donation to: BUH Battlefords Region Home Care
 Specific Department _____

My gift is In Honour In Memory of _____

Signature: _____ **Date:** _____

Please return this form to BUH Foundation ~ Box 1358, North Battleford, SK, S9A 3L8 ~ Ph. 306-446-6652 ~ Fax 306-446-6631 ~ email: sheila.stensrud@buhfoundation.ca