

Registered Charitable Business Number: 137869897

CONTACT INFORMATION

MS. MRS. MR. FIRST NAME* _____ MIDDLE _____ LAST* _____
 HOME ADDRESS* _____ CITY/PROVINCE* _____ POSTAL CODE* _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
 HOME EMAIL _____ WORK EMAIL _____
 YEAR OF BIRTH _____ EMPLOYER NAME _____ EMPLOYEE NO. (IF APPLICABLE) _____

DONATION DESIGNATIONS

Cardiac Care

Donations will be used specifically to purchase equipment that will assist in the diagnosis and treatment of cardiac patients

Children's Wellness Programs- Paediatrics

Donations will be used specifically to purchase medical equipment for the Paediatric Ward, or other areas of UHNBC that look after the care and well-being of our littlest patients

Other Area of Your Choosing

Donations will be directed to the fund of your choice

Seniors Wellness Programs

Funds will be used to improve the quality of care for seniors, and to assist with other senior related healthcare enhancements

Cancer Diagnosis & Treatment Equipment

Funds will be used specifically to purchase equipment that will assist in the diagnosis and treatment of cancer

Area of Greatest Need

Donations will be directed to the the area of greatest need

HOW MUCH DOES YOUR GIFT COST?

Annual Donation	\$1500	\$1200	\$480	\$240
Donation per pay cheque (24)	\$62.50	\$50	\$20	\$10
Donation per pay cheque (26)	\$57.69	\$46.15	\$18.46	\$9.23

PAYROLL DEDUCTION

Amount per pay \$ _____ Number of pay periods _____

Annual Donation \$ _____

T4 Reporting

Total donation amount to be included as part of annual T4 Reporting.

SIGN & DATE

Please authorize your payroll deduction donation to the Spirit of the North Healthcare Foundation: _____

SIGNATURE

DATE

THANK YOU
FOR SUPPORTING
YOUR HEALTHCARE
IN THE NORTH!

Spirit of the North Healthcare Foundation
 1475 Edmonton Street
 Prince George, BC V2M 1S2

HOURS: Monday-Friday 8:30am - 4:30pm

T. (250) 565-2515
 F. (250) 565-2595
 Toll Free: 1-877-565-2515
 E. spiritofthenorth@northernhealth.ca