



**REGIONAL
HOSPITAL FOUNDATION**

Cape Breton Regional Hospital Foundation Payroll Deduction Sign Up Form

Please complete this form and return to:

Cape Breton Regional Hospital Foundation

45 Weatherbee Road, Suite 209

Sydney, NS B1M 0A1

Fax (902) 567-7916

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Home/Mobile Phone _____ Work Phone _____

Email _____

Employee # _____

Hospital Site _____

Department _____

Please deduct \$ _____ from my pay each period.

Date of first deduction _____ (**Please note:** deductions will continue until changed or cancelled by the employee through written notification to the Foundation)

Please give my donation to the following area of care _____
(Full list at www.cbrhfoundation.ca/payroll-deduction)

Employee Signature _____ Date _____

Thank you for giving where you live (and work), because you care!