

Each and every day, our employees give generously of their time and talents to make a difference in the lives of our patients and their families.

Our **Employee Giving Program** is an exciting way to give back to our own facilities, and show that you are proud of the work done here.

**Bi-weekly payroll deductions**, make employee giving an easy, convenient and secure way to support Burnaby Hospital.

No matter what your role, your giving sends a powerful message to our community that our staff goes above and beyond to ensure extraordinary patient care at our Hospital.

Donations to the Employee Giving Program support the **highest priority needs** at Burnaby Hospital.

Your contributions are **tax deductible**, and will appear on your T4 slip each year.

A minimum of \$2.50/pay period (\$5.00/month) is required to participate. You can stop your giving at any time by providing two weeks written notice to [admin@bhfoundation.ca](mailto:admin@bhfoundation.ca).

**Thank you  
for your support!**

**Burnaby Hospital Foundation**  
3935 Kincaid Street  
Burnaby, BC V5G 2X6

t 604.431.2881  
e [admin@bhfoundation.ca](mailto:admin@bhfoundation.ca)  
w [bhfoundation.ca](http://bhfoundation.ca)



## Burnaby Hospital Foundation Staff Donation Form Payroll Deduction

Please fill out the information below, and return completed form to Burnaby Hospital Foundation:



By email at [admin@bhfoundation.ca](mailto:admin@bhfoundation.ca)



In person at the Foundation Office,  
3rd Floor, Burnaby Hospital

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**Full Name**

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**Home Address**

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**City**

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**Province** BC

**Postal Code**

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**Preferred Daytime Phone**

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**Alternate Phone**

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**Preferred Email**

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**Employer** Fraser Health

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**Employee Number**

Part-time

Full-time

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**Site**

**Dept**

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**I would like to donate:**

\$2.50/pay period

\$5/pay period

\$10/pay period

\$20/pay period

Other: \$ \_\_\_\_\_ /pay period

I hereby approve regular, ongoing payroll deductions at the amount indicated above, until such a time where I choose to discontinue my support. I understand that I must provide two weeks written notice to terminate my giving.

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Signature

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Date