

KHSC and Providence Care Staff GIVING FORM

www.uhkf.ca Phone 613-549-5452 Fax 613-549-5455
Charitable Registration Number #820218147RR0001



UNIVERSITY HOSPITALS
KINGSTON FOUNDATION

Employee Information (Please Print/Use Fillable Form)

KSHC-KGH Site KSHC-HDH Site Providence Care Hospital Providence Care's Providence Manor

Providence Care Community Site: _____

Name: _____ Employee ID: _____

Department: _____

Home Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone #:(____) _____ Cell Phone #:(____) _____

Email: _____

Yes, I'd like to do my part in supporting healthcare in Kingston!

Give Through Automatic Payroll Deduction

For your convenience, your charitable contributions will be included on your T4. Your deduction will begin within one month of submitting this form.

I'd like to give:

\$15/pay \$10/pay \$5/pay Other/pay \$ _____

Give Through Monthly Donation

\$15/month \$10/month \$5/month Other/month \$ _____

Please charge my: Visa MasterCard Amex

Card#: _____ Exp: _____

Name on Credit Card: _____ Signature: _____

Give Through One-Time Donation

\$100.00 \$75.00 \$50.00 Other \$ _____

Please charge my: Visa MasterCard Amex

Card#: _____ Exp: _____

Name on Credit Card: _____ Signature: _____

Gift Designation

Shared by the Kingston healthcare facilities, where needed most or

(Please specify hospital or department)

You can alter or end your recurring gift at any time by contacting the Foundation 613-549-5452. The University Hospitals Kingston Foundation respects your privacy and protects your personal information. We do not rent, sell or trade our donor lists. Personal information collected is for UHKF communication purposes only. Please contact our Privacy Officer for more information, 613-549-5452, or www.uhkf.ca. As is common practice with Canadian fundraising organizations, a portion of your donation will be used for expenses. UHKF recognizes donors of \$100 or more per year in a variety of ways, including but not limited to: publication in Annual Reports and Donor Walls that may appear online and throughout the hospitals. I do not wish to be recognized

Signature: _____ Date: _____

Please send your completed form by email to Foundation@UHKF.ca, by fax to 613-549-5455 or through interoffice mail to: **University Hospitals Kingston Foundation at 55 Rideau Street, Suite 4**