

Your giving at work

Here's how your donations to the Saint John Regional Hospital Foundation have helped all areas of care in our hospital...

- MindCare NB Mental Health Professional Development Grants
- Nursing Education Fund
- Employee Crisis Fund
- Palliative Care Rooftop Garden
- Scholarships for Medical Students
- Mental Health Therapeutic & Treatment
- Program Grants
- Emergency Simulation Lab
- Comfort Carts for 4B-N
- Professional Development for Medical Staff
- Infant Cooling System for Neonatal ICU
- ICU Warming Blankets
- Transformational Mental Health Research Program Grants
- Neurosurgery Equipment (The Give 2013)
- NB Heart Centre Equipment (The Give 2012)
- Stem Cell Therapy Equipment (The Give 2011)
- Emergency + Trauma Equipment (The Give 2010)



*With a tax deduction, your gift gives back to you! Here's how.**

Your gift to SJRHF (Payroll deduction)	Total Gift	Federal/Provincial Tax Return	Actual Cost of Gift
\$2/bi-weekly	= \$52	\$12.83	\$39.17
\$5/bi-weekly	= \$130	\$32.08	\$97.92
\$7/bi-weekly	= \$182	\$44.92	\$137.08
\$10/bi-weekly	= \$260	\$77.53	\$182.47
\$12/bi-weekly	= \$312	\$101.94	\$210.06
\$15/bi-weekly	= \$390	\$138.56	\$251.44
\$20/bi-weekly	= \$520	\$199.60	\$320.40

(*) Employee Lottery contributions are not tax-deductible.

Thank you for your support!

YES!

I want to join my colleagues in supporting my hospital and my community!



GIVE. GRATITUDE.

I'd like to support through:

Payroll Deduction - \$2 \$5 \$7 \$10 \$15 Surprise Us!:\$_____ (Amount per pay period)

Eligible for a tax-deduction at year end. (See reverse for details)

Signature: _____

Tell Us About Yourself

Name: _____

Department: _____ Facility: _____

Home Address: _____

City / Prov / Postal Code: _____ / _____ / _____

Work Phone: _____ Ext. _____ Cell Phone: _____

Email: _____ Employee #: _____

Make A One-Time Gift

\$500 \$100 \$50 \$25 Other:\$

Visa MasterCard AMEX Name on Card: _____

Card # _____ Exp. Date ____/____/____ CCV#: _____

Signature: _____

Please make cheques payable to: **Saint John Regional Hospital Foundation**

The Fine Print

Payroll Deductions Participants: By signing at the bottom of this page you authorize Horizon NB- Zone 2 to deduct the amount indicated in the box at the top from your pay cheque every two weeks. Payroll deductions will begin in the next pay cycle after you sign up and will be recorded on your T-4.

Privacy: Information provided on this form will allow the Foundation to acknowledge your donation. All data collected on this form stays with the Foundation and is NOT shared with any other organization. If you prefer that your name is not posted on any possible donor recognition pieces, please check here:

Signature: _____ Witnessed by: _____ Date: _____

Thank you for your support!