



**Employee Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Donation Details**

*Yes, I would like to participate in the Soldiers' Employee Giving Program by contributing:*

\$ \_\_\_\_\_  Bi-weekly  Monthly  Quarterly  Yearly  Other \_\_\_\_\_

I would like to start my participation:  Immediately  On this date \_\_\_\_\_

*Please designate my gift for:*

- Hospital's greatest needs
- Staff wellness initiatives
- Education
- Equipment and technology
- Other (please specify): \_\_\_\_\_

*I would like to contribute by:*

- Payroll deduction
- Automatic withdrawal from my bank account on the \_\_\_\_\_ day of each month.  
*Please attach a void cheque*
- Automatic charge on my credit card on the \_\_\_\_\_ day of each month.  
Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

My cheque is enclosed

*I would like my contribution to be made anonymously:*  Yes  No

Signature: \_\_\_\_\_

Please return this form to:

Orillia Soldiers' Memorial Hospital Foundation  
146 Mississaga Street W., Orillia ON L3V 3B3  
T: 705 . 325 . 2201 ext. 6890 | F: 705 . 325 . 4693  
soldiersunited@osmh.on.ca

