



EMPLOYEE CASH DRAW

ENROLMENT FORM

**In support of Prince County Hospital Foundation
A \$1,000.00 draw takes place every payday. Plus bonus draws!**

I hereby authorize (Health PEI Payroll Department) to deduct five dollars (\$5.00) from my pay cheque every two weeks to allow for my participation in the **Workin'2Win Employee Cash Draw**. All monies raised will be used by the Prince County Hospital Foundation to purchase medical equipment.

I understand that to continue holding the \$1,000 draw, a minimum of 420 employees must participate at all times. If the number falls below this, the payout amount may decrease. I also understand that deductions will continue indefinitely; however, I can stop participating at any time by giving thirty days (30) notice to the PCH Foundation.

PLEASE NOTE: Items indicated with an asterisk (*) are required.

* Name: (Please print) _____
* Employee #: _____ * Facility: _____ * Department: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ * Work Phone: _____ Email: _____

(Phone numbers are to contact you if you win.)

* Signature: _____ *Date: _____

For Individuals NOT on Health PEI payroll (i.e. members of the PCH "Family" including but not limited to volunteers, physicians and casual staff), the following payment options are available:

- () Personal Cheque (Payable to the PCH Foundation)
- () Credit Card _____ Exp. ____/____
- () Cash

Payments may be made in sums of \$65 (semi-annually) or \$130 (annually).

Please return this form to the office of the Prince County Hospital Foundation in the lobby of PCH, or fax to 902-432-2551. Certain rules and conditions apply (available on request). License # 16479 Charity Number 89352 6731 RR0001.

OFFICE USE ONLY

Date entered: _____ Date to Payroll: _____ Initials: _____ First Draw Date: _____