



# 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. Certain rules and conditions apply (available on request). License # 17173 Charity Number 89352 6731 RR0001.

### OFFICE USE ONLY

Date entered: \_\_\_\_\_ Date to Payroll: \_\_\_\_\_ Initials: \_\_\_\_\_ First Draw Date: \_\_\_\_\_