

## Registration: Employee IMPACT

Inspired. Motivated. People. Affecting. Change for. Tomorrow



\*Indicates a required field

Employee First Name*		
Employee Last Name*		
Employee ID Number* (8 digits)		
Employee Record* <small>Please note : If you have multiple Records, please choose only ONE for the payroll deduction</small>		
Phone Number (10 digits)		
Email Address		
Mailing Address*		
City*		
Postal Code*		
Amount of Gift Per Pay Period*	\$	
Comments		
X <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Employee Signature		Date of submission: (YY-MM-DD) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

Yes, I'd like to receive information on opportunities and news from my Foundation.

Please email your completed form to [info@gphospitalfoundation.ca](mailto:info@gphospitalfoundation.ca), or visit our office Mon-Fri, 8:30am-4:30pm



[www.gphospitalfoundation.ca](http://www.gphospitalfoundation.ca)

