

One Hour Club Registration Form

Employee Information

Full Name:	
Mailing Address:	
Postal Code:	
Phone Number:	
Personal Email:	
Employee #:	
Record #:	

Pledge Details

I would like to support the Northern Lights Health Foundation with bi-weekly donations of \$_____.

Please note that it may take 1 – 2 pay periods for the deduction to be activated and reflect on your pay statement. The tax benefit related to your donation is automatically recorded each pay period; donated amounts will be recorded on your annual T4 slip (box 46).

Recognition Details

For recognition of my contributions in Foundation publications and Donor Wall (where appropriate) please show my name as:

Name: _____ I prefer my gift be anonymous

By reentering my name below, I understand that my pledge will be automatically renewed unless indicated otherwise.

Digital Signature: _____ Date: _____

To request to cancel or change this authorization, please contact the Northern Lights Health via email (foundation@nlhf.ca) or visiting the Foundation Office (Hospital Main Floor).

Click the green “Submit Form” to email to the Northern Lights Health Foundation.

Thank you for your support!