

Employee Payroll Giving Program

Funds Donated to *Your* QEII Hospital



Date: _____

Last Name: _____

First Name: _____

Address: _____

Email: _____

Amount of gift/per pay period: \$ _____
(minimum \$5.00)

Employee #: _____

- Donor Choice:
- Greatest Needs
(as identified by your Hospital and Foundation)
 - Program** (be specific) _____
 - Department** (be specific) _____

Signature: _____

* Please note we will allocate your gift to the closest existing fund. For a full list please visit the QEII Hospital Foundation office.

**I am only one, but I am one.
I cannot do everything, but I can do something.
And I will not let what I cannot do interfere with what I can do!**
~Edward E. Hale~