



Valley Regional
Hospital Foundation

Pay Day Play



1000 Reasons to Join! \$1000 will be given away every payday!

Enrollment Form for Staff, Physicians and Volunteers

(**Staff**) I hereby authorize NSHA to deduct five dollars (\$5) from my pay cheque every two weeks to be transferred to Valley Regional Hospital Foundation for the draw. I understand that I can stop participating at any time by giving two weeks notice in writing to the Valley Regional Hospital Foundation. The Foundation will notify NSHA immediately.

(**Physicians/Volunteers**) I have enclosed payment of \$130 to enter the draw for a period of 12 months (see additional payment options below). I hereby agree that my participation in the Valley Regional Hospital Foundation draw (**Pay Day Play**) is a commitment for 26 pay periods and requires an annual fee as arranged in agreement with the Valley Regional Hospital Foundation.

Name (Please Print) First _____ Middle _____ Last _____

Employee Number (if applicable) _____ **email** _____

Contact Number (Work) _____ (Home) _____

Signature _____ **Date** _____

For individuals NOT on regular NSHA Payroll (i.e. registered volunteers, physicians and their staff, retired NSHA staff), the following payment options are available:

- Personal Cheque*
- Credit Card* _____ Expiry Date ____/____
- Cash*

*** NOTE:** Payment must be in the amount of **\$130 (participation for 26 pay periods equivalent to 12 months).**

Cut off date for new participants will be two weeks prior to next draw. No exceptions.

Return completed form to **Valley Regional Hospital Foundation** in person (on Level 2 by reception desk), by fax to **902-678-0055**, by interoffice mail or regular mail at the following address:

150 Exhibition St Kentville, NS B4N 5E3

For further information please call 902-678-5414 or email info@vrhfoundation.ca