



**Valley Regional
Hospital Foundation**

Pay Day Play Withdrawal Form

I wish to have my name removed from **Pay Day Play**, effective _____

Name (Please Print) First _____ Last _____

Employee Number (if applicable) _____

Signature _____ **Date** _____

Return completed form to:

**Valley Regional Hospital Foundation
150 Exhibition St Kentville, NS B4N 5E3**

info@vrhfoundation.ca or 902-678-5414