



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	e)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