



Staff Donation Form

Thank you for your hard work every day as a member of our PHC family. By becoming a donor to the new St. Paul's, your gifts will help to ensure that we continue to provide the highest standard for compassionate, patient-centred care. With your support, the new St. Paul's will transform our hospital. Our community. Our work.

Thank you for joining us in this once-in-a-career opportunity to be part of something truly life changing.

Contact Information

DR. MR. MRS. MS. OTHER _____

DATE _____ RE ID # (INTERNAL USE) _____

FIRST AND LAST NAME _____ MY PHC DEPARTMENT OR AREA _____

HOME ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

Gift Details

I wish to donate a total pledge of \$ _____ to *It's Happening!* over 5 or _____ years.

I wish to contribute a percentage of my pledge to *Lights of Hope*.

Please designate _____% of my gift to *Lights of Hope*.

My contribution should be processed as: Single Payment Monthly Quarterly Annually

I authorize St. Paul's Foundation to withdraw this pledge amount from my credit card or bank account (please attach a VOID cheque).

Payment Information

Cheque Enclosed (please make payable to St. Paul's Foundation)

Please charge my: VISA MasterCard AMEX

CARD NUMBER _____ EXPIRY DATE _____

NAME ON CARD _____ SIGNATURE _____

Donor Recognition Details

I would like to be recognized personally for my gift: Yes No

My gift will count towards recognition for the Department of: _____

Thank you for your generous support! If you have any questions about the foundation or the **It's Happening** campaign for a new St. Paul's, please contact Clayton Norbury at cnorbury@providencehealth.bc.ca or call 604-910-1182.

Please send your completed form to:



Suite 178 – 1081 Burrard St, Vancouver, BC, V6Z 1Y6
T: 604 682 8206 or 1 800 720 2983 (BC Only)
spfoundation@providencehealth.bc.ca



Charitable Registration #11925 7939 RR00C

INTERNAL USE ONLY:

Donation rec'd by: _____ PRM on receipt: _____ Appeal ID: IHC Other: _____

Fund ID: 1866233 NSP 1866449 NSP Heart/Lung 1866450 NSP Addiction/CFE 1866451 NSP Renal/ED 1866452 NSP Surgery/Imaging

INSTRUCTIONS: Apply to Pledge: _____ Link to Proposal: _____ Soft Credit: _____

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