WORKIN' 2 WIN

EMPLOYEE CASH DRAW

• • • $1,000 WILL BE WON EVERY PAYDAY! • • •

ENROLMENT FORM

Complete this form and return it to the QEH Foundation office, or enroll online at **www.qehfoundation.pe.ca/work2win**

I hereby authorize Health PEI Payroll Department to deduct **five dollars ($5.00)** from my pay every two weeks for participation in the **Workin' 2 Win Employee Cash Draw.** I may cancel at any time by providing thirty days' (30) written notice to the Queen Elizabeth Hospital Foundation.

Name:

Employee #: Facility:

Department:

Home Address:

City: Province: Postal Code:

Tel. Work: ( ) Home: ( )

Email Address:

For individuals NOT on the regular Health PEI payroll (registered volunteers, physicians and casual staff), a lump sum payment of $130 per year can be made by…

☐ Personal Cheque (payable to the QEH Foundation) ☐ Cash ☐ Credit Card

Credit Card # Expiry / 3-Digit security code
(MM) (YY)

Signature: Date:

As a winner, you have my permission to use my photo for internal publication (newsletters, website, etc.) ☐ Yes ☐ No