



Enrolment Form

I hereby authorize Guelph General Hospital to deduct five dollars (\$5) from my pay cheque every two weeks to be given to The Foundation of Guelph General Hospital for fundraising by means of an Employee Lottery.

I understand that:

- I understand that the prize board will be \$1,000 every payday and a minimum of 400 employees must participate at all times in order to sustain the lottery;
- I can stop participating in the lottery at any time by giving thirty days' (30) written notice to the Foundation;
- If I withdraw from the lottery, I am not permitted to re-sign for one full year.

*Subject to the terms and conditions posted on the GGH intranet.

Name (Please Print)	
Department	
Date:	
Extension at work	
Home phone	
Signature	
Witness	

Please return completed form to The Foundation of Guelph General Hospital office (by the Auditorium) or by internal mail.

Please contact the Foundation at 519-837-6422 (or x6422) should you have any questions.

OFFICE USE:

Date form received: _____ Date form sent to Payroll: _____

First lottery date: _____

Staff signature: _____