



LWDH Employee Giving Club Registration Form



Complete the form below and email to
LWDH Human Resources Department:
hr@lwdh.on.ca

LWDH Employee Giving Club

Name: _____

Phone: _____

Email: _____

I would like to make payroll deductions in the amount of (select one):

\$10 \$15 \$20 \$25 Other \$ _____

**Each pay period to the Lake of the Woods District Hospital Foundation
through the Employee Giving Club.**

My monthly donations will continue (select one):

- Until I notify LWDH
- For # _____ months

Please direct my donation for new capital medical equipment to:

- Area of Greatest Need
- Department: _____

I hereby authorize the Lake of the Woods District Hospital to make deductions from my pay according to the instructions above. I understand that I may alter or cancel my donations at any time by contacting the Payroll Department at LWDH: (807)468-9861 x2245.

E-Signature: _____

Date: _____

Empower care, transform lives — your gift makes a lasting impact at LWDH!