



2019/2020 LUCKY DUCK 50/50 PAYDAY LOTTERY
For Full Time, Part-Time Permanent staff only



PAYROLL ENROLMENT FORM

I hereby authorize Scarborough Health Network Foundation to deduct money from my pay cheque every pay to allow for my participation in the Lucky Duck 50/50 Payday Lottery.

I understand that deductions will continue for 1 year.

The First Draw will take place on April 18, 2019 and the last draw will take place on March 20, 2020.

All fields are required. Please Print

Title: _____ First Name: _____

Last Name: _____

Male Female

Full Complete Employee Number (including 0's): _____

Address: _____

City: _____ Province: ONTARIO Postal Code: _____

General Birchmount Centenary Satellites

Department: _____

Telephone Numbers: Work (4 digit Ext #): _____

Home: _____ Cell: _____

E-mail: _____

Number of Tickets Purchased Per Pay _____ **x \$5.00** (3 paydays May 2019 & November 2019)

At 2 pays per month, your cost will be: (Cost is higher for 3 pays per month)

- | | |
|-----------------------------------|-----------------------------------|
| 1 ticket = \$5/pay & \$10/month | 4 tickets = \$20 pay & \$40/month |
| 2 tickets = \$10 pay & \$20/month | 5 tickets = \$25 pay & \$50/month |
| 3 tickets = \$15 pay & \$30/month | 6 tickets = \$30 pay & \$60/month |

Signature: _____ Date: _____

All information above is required to have funds deducted from your pay. If you DO NOT want funds deducted from your bi-weekly pay please complete the non-payroll staff enrollment form, which deducts funds from your credit card monthly, or post-dated cheques for the year. All information must be completed before enrolment form can be processed.

Please return this form to Scarborough Health Network Foundation office located in the General hospital **Medical Mall, Suite 108**, inter-office mail to the Foundation Centenary hospital; attention Tasnuva Ahmed, e-mail tahmed@shn.ca or fax 416-281-7443. Please read rules and regulations for cut off dates and more information.