



GRACE HOSPITAL
FOUNDATION



PAYROLL GIVING PROGRAM

Your donation to the Grace Hospital Foundation directly contributes to staff and patient care enhancements that go beyond government funding, ensuring every person receives the highest quality care possible.

Employee Information

Name: _____

Department: _____ Employee #: _____

Email: _____ Phone #: _____

Please deduct \$_____ per pay (minimum \$2 bi-weekly)

I hereby authorize HR Shared Services to deduct from contributions from my pay as part of the Payroll Giving Program for a minimum term of six (6) months. I understand that my donation pledge will continue beyond the initial term until written notice of cancellation is provided.

Employee Signature: _____ **Date:** _____

Prizes: Each year that you are enrolled, you will be automatically entered for a chance to win exciting prizes!

Charitable Tax Receipt: Your total annual donation amount will be included on your T4 slip for income tax purposes.

What Your Support Will Do

- Provide free refreshment and treat days for all staff
- Help build a brand-new state-of-the-art Intensive Care Unit (ICU) that will double our capacity
- Upgrade and build new Minimally Invasive Surgery Suites
- Purchase equipment including blanket warmers, wheelchairs, and various other items
- Provide programs that enrich patient experience such as music therapy, pet therapy, newspapers, and the patient book cart.

What Your Support Has Achieved

- **Staff Wellness Room:** \$350,000
- **Diagnostic Imaging Renovation:** \$3 million
- **Echocardiogram Services:** \$250,000
- **COVID-19 Support:** \$650,000
- **Emergency Department & MRI Suite:** \$6 million
- **Grace Hospice:** \$2.5 million
- **CT Scanner:** \$1 million
- **General Surgery & Urology Suite Upgrade:** \$1 million
- **Clinical Simulation Teaching Lab:** \$700,000
- **VOICERA Staff Communication System:** \$200,000
- **Free Wi-Fi for Patients, Visitors, and Staff:** \$150,000