WE ARE ALL DELTA HOSPITAL

**How to play:**

Forward your application to the DHCH Foundation office located just off the Courtyard Café, fax to 604.940.9670, or email to info@dhchfoundation.ca.

Odds of winning and value of prize depends on number of entries.

You can increase your chances of winning by purchasing additional entries.

**Rules of play:**

You must be a regular full-time, part-time or casual employee and at least 19 years of age.

A report of payroll deductions is provided to DHCH Foundation by FHA Payroll each pay period. You can only receive an entry in pay periods in which you have earned income. Staff will not receive entries during unpaid leaves.

You are responsible for keeping your employment status and contact information up to date with the Foundation.

Winners are required to pick up their cheque in person at the Foundation office, and may require to present photo ID.

 **When will the draws take place?**

Draws will be held bi-weekly on Thursdays at 10am in the Foundation office.

***Please note that lottery participation is not considered a donation by the Canada Revenue******Agency and is therefore not eligible for a tax receipt.***

Contact Delta Hospital and Community Health Foundation on 604.940.9695 or info@dhchfoundation.ca for further information.

**Sign me up for the Delta Hospital and**

**Community Health Foundation**

**50/50 Staff Lottery**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Employee # |
| Department |  | Email Address: |
| Work or Cell Phone # |  | Home Phone # |
| Home Address |  | City, Postal Code |

|  |  |
| --- | --- |
| \_\_\_1 entry ($5/pay period) | \_\_\_2 entries ($10 /pay period) |
| \_\_\_3 entries ($15/pay period) | \_\_\_other ($5 each entry) |

**As a Fraser Health employee, p**lease enroll me in the **DHCHF Staff 50/50 Lottery**. I authorize the payroll deductions for the entries stated above to be deducted through FHA Payroll until I choose to withdraw, at which time I will provide two weeks written notice to DHCH Foundation.

I verify that I have read the Rules of Play and that my employee and contact information is correct and current. I consent to the publication of my name in the event that my entry is drawn.

Fraser Health Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date