

Northern Health Foundation

84 Church Street
Flin Flon, MB R8A 1L8
Phone: 204-681-3022 Fax: 204-687-6405
F-mail: foundation@nrha.ca

E-mail: foundation@nrha.ca
www.northernhealthfoundation.com

NHR Staff 50/50 Payroll Draw Enrollment/Change

Form This form is for the LGCA#8133-RF-44559

- This is a 50/50 payroll draw 50 percent of cash goes to the winner, and 50 percent goes to the Northern Health Foundation (NHF) for the purchase of equipment (not covered by provincial funding) to benefit patients of the Northern Health Region (NHR).
- Ticket purchases are made by payroll deduction by employees 7.
 using an enrollment form (earnings must be made during each pay period to cover ticket costs).
 9.
- 3. Ticket purchasers must be a resident of Manitoba or physically in Manitoba to purchase a ticket and must work for NHR and be on NHR payroll to participate. If no longer actively employed on draw date, a refund for the applicable draw will be issued and participation in future raffles will be cancelled.
- Ticket purchasers will receive electronic ticket confirmation on the Tuesday before each draw before midnight.

For Payroll use: Payroll signature:

Rules

- 5. One winner will be drawn on the Wednesday, following paydays, at 2:00 pm, in the office of the NHF, beginning on July 10, 2024
- 6. Draws will be done through the service provider, Funding Change, using random number generator, approved by LGCA.
 - . All winners will be notified by email and/ortelephone.
- 8. Prizes will be paid by direct deposit or by cheque.
- Should a cheque not be cashed within 6 months from the draw date, the Northern Health Foundation will add the unclaimed amount to the proceeds.
- 10. Persons under the age of 18 are not eligible to enter.

Date:

- 11. The NHF must receive LGCA approval for any amendments to the draws.
- 12. Staff of the Northern Health Foundation are not allowed to participate.
- 13. All inquiries about the 50/50 payroll draw should be directed to the Administrative Assistant of the NHF at 204-681-3022.

Check the appropriate boxes.	
I would like to: ☐ Enroll in the 50/50 Payroll draw ☐ Change my 50/50 Payroll draw ticket choice ☐ Cancel my enrollment I authorize bi-weekly payroll deductions of: ☐ 1 ticket for \$5 or ☐ 3 tickets for \$10 or ☐ 10 tickets for \$20	
NHR Employee ID # (on photo ID):	*Email address - work:
First Name:	*Phone - home:
Last Name:	*Phone - cell:
Address:	*Will update current payroll information
City:PCode	
Base Site:	****Email address and one phone number are required****
Department:	
PLEASE PRINT CLEARLY ***Tickets will be sent to work email provided on form.***	
Please Initial:I have read and fully understand the rules of the NHR Staff 50/50 Payroll Draw. I hereby authorize the NHF to use my name and photo in publications used to advertise the NHR Staff 50/50 Payroll Draw and/or other charitable works of the NHF.	
Employee Signature	Date
Please return completed form to NHR payroll office via interoffice bag, in person, or by email. NHR Payroll Office: FFGH Main Floor Room F223 Email:payroll@nrha.ca	