

Sign up by December 22, 2017 and be eligible for the \$500 Early Bird Draw!

Dr. Noble Irwin Regional Healthcare
FOUNDATION *Inc*



2018 Employee Lottery

ENROLLMENT FORM

Payroll Deduction

Lottery License #RR17-0234

\$31,500 IN PRIZES
\$500 EARLY BIRD DRAW
\$1000 EACH PAYDAY
\$5000 LAST PAYDAY OF 2018

Questions Call
306-778-3314

I would like to participate in the 2018 edition of the Employee Lottery (formerly known as the CHR Employee Lottery) by purchasing:

_____ Ticket(s) at a cost of \$5.00/Ticket/Pay Date in 2018. (Total cost per Ticket: \$130.00)

This form will serve as my authorization for my Payroll Department to deduct \$_____ from my Regular Bi-Weekly Payroll starting January 12, 2018 until the ticket(s) are fully paid – maximum \$_____.

This Form will also serve as my authority for the Human Resources Department or the Payroll Department to provide my name and contact information to the Dr. Noble Irwin Regional Healthcare Foundation, for reason of this Lottery only, as follows: (check the section applicable to you)

- a) As I would like to have confirmation of my entry to the Lottery, please supply the Foundation with sufficient information (My Name & Mailing Address & Telephone Number) as to allow the Foundation to send me confirmation of my entry (i.e.) ticket stub(s) and to be able to contact me in the event I am declared a Winner of one of the Cash Prizes as indicated.
- b) While I DO NOT want confirmation of my entry to the Lottery, please supply the Foundation with sufficient information (My Name & Mailing Address & Telephone Number) as to allow the Foundation to be able to contact me in the event I am declared a Winner of one of the Cash Prizes as indicated.

As per the established rules of the Lottery, I understand that once entered in the Employee Lottery for 2018, withdrawal from the Lottery will be on an exception basis only. (e.g. leave of absence; change of employment etc.)

Participants can view the Rules for the 2018 Employee Lottery on the Foundation Website (www.drirwinfoundation.com) or by contacting the Foundation Office @ (306) 778-3314

Name: (Please Print): _____

Mailing Address: _____

Telephone : _____

Date: _____

Signature: _____

Once completed, please return this form to
Payroll/Benefits Department
Cypress Regional Health Authority
429 4th Ave. NE
Swift Current, SK S9H 2J9
or Fax to 1-866-293-4430