

Payroll 50/50 Entry Form

Medicine Hat Catholic Schools'
Education Foundation



PLEASE PRINT:

Employee Name _____

School _____

Work Phone _____

I want to purchase the following number of chances per month at \$5.00 per chance:

_____ x \$5.00 per chance = \$_____

I hereby authorize Medicine Hat Catholic Separate Regional Division No. 20 to deduct the sum of \$_____ per month from my monthly pay.

I agree to the following conditions:

1. Request to participate must be in writing (forms available at Central Office) or visit the website at <http://www.mhcbe.ab.ca/cec/foundation.htm> to download a copy.
2. Requests for participation must be received by the 10th of the month to be effective for that month.

Employee Signature

Date

*****Please direct your signed form and/or any questions to Colleen at Central Office*****

Thanks for your support of the 50/50 lottery and our efforts . . . *"to enhance Catholic Christian Leadership in the schools and communities within the Medicine Hat Catholic School Division"*

For office use only:

Payroll: Date Rec'd _____

Foundation: Date Rec'd _____

Input Data _____

Withdraw Date _____