



Payroll 50/50 Draw



The Medicine Hat Public Schools Education Foundation would like to invite you to participate in the new **Payroll 50/50 Draw** fundraising promotion! It's a chance for you to win some extra cash while supporting the students of Medicine Hat Public School Division. The draws will be made monthly ~ half of the money collected will go to **one lucky winner** ~ the other half to the Medicine Hat Public Schools Education Foundation to help support initiatives in our Division schools.

- ◆ The Payroll 50/50 Draw is open to all Division employees (with the exception of substitute/casual employees).
- ◆ The cost is \$5.00 per entry - which will automatically be deducted from your pay each month. Employees may choose to purchase one or more entries per month (ie: 2 entries / month = \$10 / month).
- ◆ Participants must sign up for the entire school year or until the end of their contract (late starts will be permitted). Requests to participate must be received by the 10th of the month to be effective for that month.
- ◆ Participants must provide written notice if they wish to withdraw from the Payroll 50/50 Draw. Employees who opt out will not have the option to re-enter until the following September. The deadline for changes is the 10th day of the month to be effective for that month.
- ◆ Entry in the draw will be suspended for any interruption in employment (example – maternity leave). You may be required to resubmit an entry form to be included in draws upon your return to work. Check your pay statement for “50/50 ED FOUNDATION” employee deduction to confirm enrollment.
- ◆ Draws will be made at the end of each month. Participants who win a monthly draw will be re-entered and will be eligible to win further draws.
- ◆ In accordance with Canada Revenue Agency requirements, there will be no charitable receipt issued for participants, as this is a lottery/raffle where participants are purchasing a chance to win.

Payroll 50/50 Entry Form

PLEASE PRINT

Employee Name _____

Position _____ School _____

I want to purchase the following number of entries per month:

_____ X \$5.00 per entry = \$ _____
of entries per month deducted from monthly pay

I hereby authorize **Medicine Hat Public School Division** to deduct the
total sum of \$ _____ per month from my monthly pay.

I agree to the following conditions:

1. Participants must sign up for the entire school year or until the end of their contract. Late starts will be permitted. Payroll deductions for permanent employees will continue from year to year unless the employee provides written notice that they wish to withdraw. Any changes to deduction amounts will be accepted in September of each year.
2. Requests to participate must be received by the 10th of the month to be effective for that month.
3. Participants must provide written notice if they wish to withdraw from the Payroll 50/50 Draw. Notice must be received by the 10th of the month to be effective for that month. Employees who opt out will not have the option to re-enter until the following September.
4. Participants who win a monthly draw will be re-entered and will be eligible to win further draws.

Employee Signature _____

Date _____

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

Thank you for your participation.

Your support of the Medicine Hat Public Schools Education Foundation is greatly appreciated!

FOR OFFICE USE ONLY

Foundation: Date Rec'd _____

Payroll: Date Rec'd _____

Participant # _____

Input Date / Initial _____

Withdraw Date _____

Employee Position _____

Paid Over ☐ 10 months ☐ 12 months