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5HYLVHG

' 1 5) 2 5 0

I WISH TO DONATE THE NUMBER OF HOURS OF ANNUAL LEAVE THAT I HAVE INDICATED BELOW. I UNDERSTAND THAT I CANNOT RECLAIM MY DONATED LEAVE UNLESS THIS FORM HAS NOT BEEN PROCESSED.

DONOR NAME _____

8 , 1 _____

AGENCY 2 O G ' R P L Q L R Q 8 Q L Y H U V L W \ _____

ANNUAL LEAVE HOURS DONATED _____

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I do I do not wish my name revealed to the recipient.

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%UDQFK \$JHQF\
5HODWLRQV KLS _____
&RPSOHWH RQO\ LI LQWHU DJHQF\ WUDQVIHU

Donor Signature

Date

68% 0,7 COMPLETED FORM TO:2)), &(2) +80\$1 5(6285&(6

_____)25 +80\$1 5(6285&(6 86(21/<
'DWH 5HFHLYHG _____ 'RQRU 1XPEHU
Administrator Signature