



Department of Obstetrics and Gynecology
Enhancement Fund Contribution Form

Name: _____

Date: _____

Clinical Earnings for 2014 \$ _____
(not including SOC)

Department Enhancement Fund Contribution:

Enhancement Fund Flat Donation \$ 1000.00

Plus Department Levy - 2.0% over \$150T \$ _____

Total Payable by June 30th, 2015 \$ _____

Cheques made payable to:

University of Alberta
Department of Obstetrics & Gynecology

Mail/Send to:

Attn: Shannon Charney, APO
5S146, Lois Hole Hospital, Robbins Pav (RAH)
10240 Kingsway Avenue NW
Edmonton AB T5H 3V9