Employee Discount Program

NGH-NHNH Employees will receive their discounts at participating businesses by showing their valid NGH-NHNH Employee Identification Badge. This badge must be present.

☐ I hereby understand that I am offering a discounted product or service to the employees of Norfolk General Hospital and The Norfolk Hospital Nursing Home-365 West Street, Simcoe, Ontario. This discount will be in effect until I notify NGH of discontinuation.

I will offer NGH staff the following discount (s):

_____ Discount ☐ %
(Service/Product)

_____ Discount ☐ %
(Service/Product)

_____ Discount ☐ %
(Service/Product)

_____ Discount ☐ %
(Service/Product)

Date:_____

_____ _____
Name of Company Primary Contact

_____
Address

_____ _____ _____
Phone Email Website

Please list any stipulations to your participation in the NGH Employee Discount Program:

_____

_____ _____
Signature of Community Partner

_____

Thank You for Your Participation!

Please complete this submission form, and **fax** it to **NGH (519) 428-2946**