



# EMPLOYEE GIVING PROGRAM

Registered Charitable No.: 89069-1199 RR0001

## BUSINESS/PERSONAL INFORMATION

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee No: \_\_\_\_\_ Dept: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Ext. \_\_\_\_\_ Phone (H): \_\_\_\_\_

Email: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Prov. AB Postal Code: \_\_\_\_\_

## DONATION INFORMATION\*

### Option 1 - One-Time Donation (Visa/MasterCard/Debit Card/Cheque)

One-Time Donation Amount: \_\_\_\_\_  Cheque Enclosed

*(Please make arrangements with the Foundation Coordinator to process your donation on Visa, MasterCard or Debit Card. Cheques can be made payable to "Northwest Health Foundation".)*

### Option 2 - Payroll Deduction (26 pay periods)

Amount to be deducted each payroll cheque:

\$5  \$10  \$15  \$20  Other: \_\_\_\_\_

I wish to donate to the Northwest Health Foundation and receive an annual income tax receipt. I, therefore, authorize Alberta Health Services to deduct the amount indicated above from my payroll cheques until such time as I give written authorization to terminate this request.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Northwest Health Foundation issues tax receipts for gifts \$25 or more.

**THANK YOU FOR SUPPORTING YOUR FOUNDATION!**

**KAREN NEILSON**  
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