



Company logo
here

Save time with our secure
online donation form!



CHARITABLE DONATION FORM

<input type="text"/>			<input type="text"/>		
First	Middle	Last	Employee number		
<input type="text"/>					
Home address		City	Province	Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Tel. Home		Tel. Work	Personal Email		

This is how I want to distribute my donation(s):



A I want to save lives and help fight disease in my community. Divide my donation equally among all 17 HealthPartners charities: \$

B and/or to one or more of the following:

\$ <input type="text"/> Arthritis Society Canada	\$ <input type="text"/> Crohn's and Colitis Canada	\$ <input type="text"/> Mental Health Commission of Canada
\$ <input type="text"/> ALS Canada	\$ <input type="text"/> Cystic Fibrosis Canada	\$ <input type="text"/> Multiple Sclerosis Canada
\$ <input type="text"/> Alzheimer Society Canada	\$ <input type="text"/> Diabetes Canada	\$ <input type="text"/> Muscular Dystrophy Canada
\$ <input type="text"/> Canadian Cancer Society	\$ <input type="text"/> Diabetes Quebec	\$ <input type="text"/> Parkinson Canada
\$ <input type="text"/> Canadian Hemophilia Society	\$ <input type="text"/> Heart & Stroke	\$ <input type="text"/> The Kidney Foundation of Canada
\$ <input type="text"/> Canadian Liver Foundation	\$ <input type="text"/> Huntington Society of Canada	\$ <input type="text"/> The Lung Association

My total gift to HealthPartners (A+B)= \$

This is how I would like to make my donation(s):

PAYROLL DEDUCTION: Complete the section at the bottom of this form.

CASH CHEQUE* *Please make cheques payable to HealthPartners. Receipts for cash, cheque, or credit card will be issued in February.

CREDIT CARD	VISA	CARD# <input type="text"/>	EXP	/	<input type="text"/>
	MC	<input type="text"/>			
	AMEX	SIGNATURE <input type="text"/>			

One-time \$ or Monthly \$ for 12 consecutive payments for a total of \$

Please fill out this section if you wish to make your donation through payroll deduction.
To be processed by your payroll department. Donations will appear on your T4/RL1 (Quebec).

PAYROLL DEDUCTION
I authorize my employer to deduct \$ x **12** pay periods for a total gift of \$

<input type="text"/>			<input type="text"/>		
First	Middle	Last	Department		
<input type="text"/>			<input type="text"/>		
Signature		Date	Employee #		