



HEALTHPARTNERS® PARTENAIRESANTÉ

CHARITABLE DONATION FORM

Please fill out this form using CAPITAL letters.

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

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

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

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 20 HealthPartners charities: \$

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

\$ <input type="text"/> Arthritis Society Canada	\$ <input type="text"/> Canadian Liver Foundation	\$ <input type="text"/> Mental Health Commission of Canada
\$ <input type="text"/> ALS Canada	\$ <input type="text"/> CNIB	\$ <input type="text"/> Multiple Sclerosis Canada
\$ <input type="text"/> Alzheimer Society Canada	\$ <input type="text"/> Crohn's and Colitis Canada	\$ <input type="text"/> Muscular Dystrophy Canada
\$ <input type="text"/> Canadian Blood Services	\$ <input type="text"/> Cystic Fibrosis Canada	\$ <input type="text"/> Osteoporosis Canada
\$ <input type="text"/> Canadian Cancer Society	\$ <input type="text"/> Diabetes Canada	\$ <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"/> Huntington Society of Canada	\$ <input type="text"/> The Lung Association

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

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 a total of \$ divided evenly across my paychecks.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Department