HEALTHPARTNERS®
PARTENAIRESANTÉ

CHARITABLE DONATION FORM

Please fill out this form using CAPITAL letters.

First | Last | Phone | Employee number

Home address | City | Province | Postal Code

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# EXP /

SIGNATURE

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

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

HEALTHPARTNERS® PARTENAIRESANTÉ

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:

- $ Arthritis Society Canada
- $ ALS Canada
- $ Alzheimer Society Canada
- $ Canadian Blood Services
- $ Canadian Cancer Society
- $ Bleeding Disorders Canada
- $ Canadian Liver Foundation
- $ CNIB
- $ Crohn's and Colitis Canada
- $ Cystic Fibrosis Canada
- $ Diabetes Canada
- $ Heart & Stroke
- $ Huntington Society of Canada
- $ Mental Health Commission of Canada
- $ Multiple Sclerosis Canada
- $ Muscular Dystrophy Canada
- $ Osteoporosis Canada
- $ Parkinson Canada
- $ The Kidney Foundation of Canada
- $ 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.

Signature | Date | Department

To make your donation in perpetuity (payroll or credit card only), please check this box ☐