



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):



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)=

\$

For your security, we encourage donors to complete their payment using our secure online donation portal.

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 ☐