

980 Oliver Road Thunder Bay ON P7B 6V4 Canada

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Payroll deduction form for employees of	f Thunder Bay Regional Health Sciences
Centre	

I want to help improve healthcare in Northwestern Ontario!

Please fill out this form to continue or to initiate your bi-weekly gift.

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O NEW Donor O Existing Donor
Name:
Home Address:
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Date:
Signature:
I would like to give a gift of \$ or O \$20 O \$15 O \$10 each pay period
Please direct my gift to:
O area of highest need
O Northern Cancer Fund
O Northern Cardiac Fund
O Health Sciences Discovery Fund
O other area (eg. trauma, renal, paediatrics please specify)

Please fax completed form to (807) 684-5802 or drop it off at the Foundation Office.

Note to Employees: Tax deductible amounts will be reflected on T4 slips as charitable donations

Your donation may be cancelled at anytime; to do so please contact the Health Sciences Foundation Office at 345-4673 Charitable Registration # 88831 4648 RR0001

