



Payroll Deduction Donation Form

Employee Name: _____

Mailing Address _____

_____ Postal Code _____

Donation Start Date: _____

Donation Amount to be deducted: _____

This donation will be deducted on every paycheque.

Declaration:

I, the undersigned, authorize St. Amant Foundation to deduct the amount noted above from my paycheque as stated above. I understand that a Charitable Tax Receipt for the full amount donated will be issued annually for income tax purposes. I am aware that I may change or terminate my donation at anytime I so choose.

Donor Signature: _____

Date: _____

Thank you for your gift!

Return this signed form to the St. Amant Foundation.

Questions?

Contact Agnès at 204.258-7073 or achampagne@stamant.ca