



Federated
HEALTH Charities
CAMPAIGN

M2-04, 900 Bay St., Toronto M7A 1N3
Tel: 416.327.2137 Fax: 416.327.4250
www.federatedhealth.ca

THE HEART OF THE OPS

NAME AND ADDRESS

(REQUIRED FOR RECEIPT PURPOSES) PLEASE PRINT CLEARLY

MINISTRY/AGENCY _____ BRANCH (NAME OR NUMBER) _____

MR MS MRS MISS DR

NAME _____ TODAY'S DATE _____

HOME ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE (OFFICE) _____ E-MAIL _____

PAYROLL DEDUCTIONS CAN BE MADE VIA YOUR WIN EMPLOYEE SELF-SERVICE PAGE PLEASE SIGN INTO **MYOPS** TO ACCESS WIN, USING YOUR **WIN ID** AND CHOOSE THE "MY CHARITY" TAB FROM THE MAIN MENU TO MAKE YOUR DONATION. IF YOU **DO NOT** HAVE A **WIN ID**, OR YOU ARE UNABLE TO ACCESS WIN, OR WOULD LIKE TO MAKE A CASH, CHEQUE OR CREDIT CARD DONATION, PLEASE FILL IN THE INFORMATION BELOW, AND RETURN THE FORM TO YOUR CANVASSER.

I AUTHORIZE PAYROLL DEDUCTIONS \$ _____ PER PAY X _____ PAYS (MAXIMUM 26) = \$ _____

WIN _____ SIGNATURE (FOR PAYROLL AND CREDIT CARDS) _____

MY \$ _____ DONATION IS ENCLOSED CHEQUE CASH VISA MASTERCARD

CARD # _____ EXPIRY DATE: _____

I WISH MY DONATION TO GO TO: ALL 17 HEALTH CHARITIES (VENDOR #200) OR THE CHARITIES I HAVE CHOSEN

- | | |
|--|---|
| \$ _____ Canadian Cancer Society (vendor# 203) | \$ _____ Crohn's and Colitis Canada (vendor# 212) |
| \$ _____ Heart and Stroke Foundation (vendor# 204) | \$ _____ Ontario Federation for Cerebral Palsy (vendor# 213) |
| \$ _____ Diabetes Canada (CDA/JDFC) (vendor# 205) | \$ _____ Cystic Fibrosis Canada (vendor# 214) |
| \$ _____ Hemophilia Ontario (vendor# 206) | \$ _____ Canadian Liver Foundation (vendor# 215) |
| \$ _____ Spinal Cord Injury Ontario (vendor# 207) | \$ _____ Ontario AIDS Network (vendor# 216) |
| \$ _____ The Kidney Foundation of Canada (vendor# 208) | \$ _____ Osteoporosis Canada (vendor# 217) |
| \$ _____ Ontario Lung Association (vendor# 209) | \$ _____ Schizophrenia Society of Ontario (vendor# 218) |
| \$ _____ Alzheimer Society of Ontario (vendor# 210) | \$ _____ ALS Society of Canada (vendor# 219) |
| \$ _____ The Arthritis Society - Ontario Division (vendor# 211) | |

THANK YOU FOR YOUR GENEROUS DONATION!

- Cheques should be made payable to Federated Health Charities. • Tax receipts will be issued for gifts of **\$25** and over.
 - Gifts made by payroll deduction are recorded for income tax credit on box 46 of your T4 slip.
- Privacy:** Individual donor information is maintained in order to issue income tax credit under the regulations of the Canada Revenue Agency. This information is maintained in a strictly confidential manner and is never traded, rented, sold or otherwise revealed to any organization in whole or in part — including the charities that benefit from the campaign.

DONATE TO CELEBRATE OR REMEMBER

(you can also make these donations through your WIN portal)

THIS DONATION IS IN MEMORY OF IN HONOUR OF _____

PLEASE NOTIFY _____

ADDRESS _____



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