



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 in to **insideops** 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) = \$ _____

OR

AUTOMATIC PLEDGE RENEWAL – ENROLLMENT I agree to have my payroll deduction as described above, automatically renew on an ongoing basis.

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 21 HEALTH CHARITIES (VENDOR #200) OR THE CHARITIES I HAVE CHOSEN

- | | | |
|--|---|--|
| \$ _____ ALS Society of Canada
(vendor #219) | \$ _____ Cystic Fibrosis Canada
(vendor #214) | \$ _____ MS Society of Canada
(vendor #220) |
| \$ _____ Alzheimer Society of Ontario
(vendor #210) | \$ _____ Diabetes Canada
(CDA/JDFC) (vendor #205) | \$ _____ Ontario AIDS Network
(vendor #216) |
| \$ _____ The Arthritis Society – Ontario
Division (vendor #211) | \$ _____ Heart & Stroke
(vendor #204) | \$ _____ Ontario Federation for Cerebral
Palsy (vendor #213) |
| \$ _____ Autism Ontario
(vendor #222) | \$ _____ Hemophilia Ontario
(vendor #206) | \$ _____ Osteoporosis Canada
(vendor #217) |
| \$ _____ Canadian Cancer Society
(vendor #203) | \$ _____ Institute for Advancements in
Mental Health (vendor #218) | \$ _____ Parkinson Canada
(vendor #221) |
| \$ _____ Canadian Liver Foundation
(vendor #215) | \$ _____ The Kidney Foundation of
Canada (vendor #208) | \$ _____ Sickle Cell Awareness Group
of Ontario (vendor #223) |
| \$ _____ Crohn's and Colitis Canada
(vendor #212) | \$ _____ Lung Health Foundation
(vendor #209) | \$ _____ Spinal Cord Injury Ontario
(vendor #207) |

Did you know that Federated Health Charities runs a retiree mail-out campaign?

Please check this box if you are retiring but would like to continue your support and have your home address added to the mailing list.

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 _____

SEND HARD COPY CARD SEND E-CARD

ADDRESS OR EMAIL _____

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.

SUGGEST A CHARITY OR ILLNESS

Is there a charity or illness that you would like to see Federated Health Charities support that isn't on our list? We strive to make our charity list reflective of the causes that matter to OPS employees, so let us know if there is a charity or illness you would like to see represented.