

315 Front Street W, 5th Floor Toronto, ON M7A 0B8 Telephone: 437-925-6227

federatedhealth.ca

| | | | | N | IAME | E AND ADD | RESS | | | | |
|---------------------------------------|--------------------------------------------------------|-------------------------|-------------|------------------------------------|---------------------------|---------------------------------------|--------------------------------------------------------|-----------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | | | | (Required for | recei | ipt purposes) F | Please p | rint cl | learly | | |
| MINISTRY/AGENCY | | | | | | | BRANCH (NAME OR NUMBER) | | | | |
| MR. | MS. | MRS. | MISS | DR. | | | | | | | |
| NAME | | | | | | | | | TODAY'S | DATE | |
| HOME ADDI | RESS | | | | | | | | | | |
| DITY PROV | | | | | | | POSTAL CODE | | | | |
| PHONE (OFFICE) EMAIL | | | | | | | | | | | |
| | | | | CONTRIBU | TION | AND DAY | MENIT | DET | TAIL C | | |
| the "My Cha | arity " tab from | m the mai | n menu to r | | servic on. If y | ce page. Pleas ou DO NOT ha | e sign ir ave a WI | n to in | nsideOPS to a or you are una | ccess WIN, using your \ able to access WIN, or w r. | |
| I AUTHORIZE PAYROLL DEDUCTIONS: \$ PE | | | | | PER PAY X_ | / X PAYS (MAXIMUM 26) | | | 1AXIMUM 26) = \$ | | |
| | ATIC PLEDG | E RENEW | AL ENROLL | MENT: I agree to | have | my payroll ded | duction a | as des | scribed above, | , automatically renew or | n an ongoing basis. |
| WIN | | | SIGNAT | URE (Required for | r payr | oll and credit | cards) _ | | | | |
| MY \$ | | | DONAT | ION IS ENCLOSED |) | CASH | CHEQ | UE | VISA | MASTERCARD | |
| CARD # | | | | | | | | | EXPIRY [| DATE | |
| I WISH MY | DONATION T | то до то: | ALL 2 | 21 HEALTH CHARIT | TIES (| Vendor #200) | OR | | THE CHARITIE | ES I HAVE CHOSEN | |
| \$ | ALS Society of Canada (Vendor #219) | | | | | \$ | \$ Institute for Advancements in Mental Health (Ven | | | | ealth (Vendor #218) |
| \$ | Alzheimer Society of Ontario (Vendor #210) | | | | | \$ | \$ The Kidney Foundation of Canada (Vendor #208) | | | | |
| \$ | The Arthritis Society - Ontario Division (Vendor #211) | | | | | \$ | \$ Lung Health Foundation (Vendor #209) | | | | |
| \$ | Autism Ontario (Vendor #222) | | | | | \$ | \$ MS Society of Canada (Vendor #220) | | | | |
| \$ | Canadian Cancer Society (Vendor #203) | | | | | \$ | \$ Ontario AIDS Network (Vendor #216) | | | | |
| \$ | Canadian Liver Foundation (Vendor #215) | | | | | \$ | \$ Ontario Federation for Cerebral Palsy (Vendor #213) | | | | |
| \$ | Crohn's and Colitis Canada (Vendor #212) | | | | | \$ | \$ Osteoporosis Canada (Vendor #217) | | | | |
| \$ | Cystic Fibrosis Canada (Vendor #214) | | | | | \$ | \$ Parkinson Canada (Vendor #221) | | | | |
| \$ | Diabetes Canada (CDA/JDFC) (Vendor #205) | | | | | \$ | \$ Sickle Cell Awareness Group of Ontario (Ven | | | Vendor #223) | |
| \$ | Heart & Stroke (Vendor #204) | | | | | \$ | | Spina | al Cord Injury | Ontario (Vendor #207) | |
| \$ | Hemoph | ilia Ontari | o (Vendor # | 206) | | | | | | | |
| | | | | DONATE TO | O CE | LEBRATE (| OR REI | MEM | 1BER | | |
| | | | () | You can also make | | | | | | | |
| THIS DONAT | TION IS | IN MEMO | ORY OF | IN HONOUR OF | - N | AMED | | | | | |
| PLEASE NO | TIFY | | | | | | | | SI | END PRINTED CARD | SEND E-CARD |
| ADDRESS O | R EMAIL | | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | | D GIVING? | | | | | | CHARITY OR ILLNE | |
| Make a g Create a | _ | ng impact y than you | for generat | cions to come. Thought possible | <u>.</u> | Char reflec | ities sup ctive of t | port the ca | that isn't on uses that mat | t you would like to see our list? We strive to m tter to OPS employees, s ould like to see represe | ake our charity list to let us know if |

THANK YOU FOR YOUR GENEROUS DONATION!

• Cheques should be made payable to Federated Health Charities.

Ensure that Federated Health can continue to provide essential support to our 21 charities now, and for years to come.

Please check this box if you would like to know more about how you can include Federated Health Charities in your legacy plans.

- 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.

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.