



NAME AND ADDRESS

(Required for receipt purposes) Please print clearly

MINISTRY/AGENCY _____

NAME _____ TODAY'S DATE _____

HOME ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE (OFFICE) _____ EMAIL _____

CONTRIBUTION AND PAYMENT DETAILS

☐ 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 (Required for payroll and credit cards) _____

☐ MY \$ _____ DONATION IS ENCLOSED ☐ CASH ☐ CHEQUE ☐ VISA ☐ MASTERCARD

CARD # _____ EXPIRY DATE _____

I WISH MY DONATION TO GO TO: ☐ ALL 21 HEALTH CHARITIES (Vendor #200) ☒ OR ☐ THE CHARITIES I HAVE CHOSEN

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

DONATE TO CELEBRATE OR REMEMBER

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

THIS DONATION IS ☐ IN MEMORY OF ☐ IN HONOUR OF NAMED _____

PLEASE NOTIFY _____ ☐ SEND PRINTED CARD ☐ SEND E-CARD

ADDRESS OR EMAIL _____

CONSIDERING PLANNED GIVING?

Benefits of planning your legacy:

1. Make a gift with lasting impact for generations to come.
 2. Create a larger legacy than you might have thought possible.
 3. Significantly reduce income and estate taxes.
 4. 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.

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.

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.

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.