



giving
together

I want to join the team of employees giving together to advance TBRHSC.

Please fill out the form below to continue or to initiate your bi-weekly gift.

New donor Existing donor

Name: _____

Home Address: _____

City: _____

Prov: _____ Postal Code: _____

Home Phone: _____

E-mail: _____

Department: _____

Department Phone: _____

I would like to give a gift of \$_____ or

\$20 \$15 \$10 each pay period.

Signature: _____

Please direct my gift to:

Employee Giving Fund

Other Area

Note to Employees: Tax deductible amounts will be reflected on T4 slips as charitable donations. Charitable Registration # 88831 4648 RR0001

Part 1: Human Resources

Part 2: Employee

Part 3: Health Sciences Foundation Office

Your bi-weekly gift may be changed at anytime.

Please contact:

Thunder Bay Regional Health Sciences Foundation

Tel: 807 345 4673



Thunder Bay Regional
Health Sciences
Foundation

