

Last Name		First Name		Employee #
Address (home)		City	Province	Postal Code
Telephone Number	Home:			Email address
	Work:			
Language Preference: <input type="checkbox"/> French <input type="checkbox"/> English				

I would like to donate to the hospital, through payroll deductions, as indicated below. I understand that I must advise Human Resources, in writing, if I wish to stop my donation. Donations will continue to accumulate even when I do not work and will be deducted in full on a future pay.

Please note that all donations that are done through payroll deductions will go to the general fund at the respective Foundations to support the MUHC's most urgent needs; if you wish to designate your donation to a specific mission or clinic, you are welcome to donate directly to the Foundation(s) of your choosing.

Please choose the foundation(s) of your choice from Column A then circle the corresponding amount per pay that you wish to donate in Column B.

COLUMN A	COLUMN B (amounts per pay)			
				Other, please specify
<input type="checkbox"/> Cedars Cancer Foundation https://www.cedars.ca/	\$20	\$10	\$5	\$
<input type="checkbox"/> Lachine Hospital Foundation https://lachinehospitalfoundation.org/about-the-foundation/contact-us/	\$20	\$10	\$5	\$
<input type="checkbox"/> Montreal Chest Institute Foundation https://mcfoundation.ca/contact-us/	\$20	\$10	\$5	\$
<input type="checkbox"/> Montreal Children's Hospital Foundation https://fondationduchildren.com/en/contact-us	\$20	\$10	\$5	\$
<input type="checkbox"/> Montreal General Hospital Foundation https://mcfoundation.ca/contact-us/	\$20	\$10	\$5	\$
<input checked="" type="checkbox"/> MUHC Foundation https://www.muhcfoundation.com/contact-us/	\$20	\$10	\$5	\$

Charitable donations will appear on your T4 slips

Once completed, please scan and return this form by email to the address mentioned above.

Your personal information will not be shared with the foundations, if you wish to sign up for news from the foundation(s) of your choice, we ask you to please register directly with them on their respective website at the address indicated above.

Signature _____

Date _____