

## Employee Giving Program

When the stakes are high, when seconds count, when the unthinkable happens—gifts like yours show up. They show up in every piece of life-saving equipment. In every groundbreaking research breakthrough. In every effort to advance health equity and uplift our most marginalized community members. Thank you.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Prefer not to say

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Department: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Address: \_\_\_\_\_

### Option #1 – Payroll Deduction

#### Giving Amount (per bi-weekly pay period)

- \$5 per pay (\$130 per year)  \$40 per pay (\$1040 per year)  
 \$10 per pay (\$260 per year)  \$50 per pay (\$1300 per year)  
 \$20 per pay (\$520 per year)  Other amount \$ \_\_\_\_\_ (\$5 minimum per pay)

By donating a minimum of \$1000/year, you will become a member of our exclusive Leadership Society and receive special benefits.

Next pay period  Effective date \_\_\_\_\_  Other \_\_\_\_\_

I hereby authorize a payroll deduction starting on the effective date listed above. I understand that this bi-weekly deduction will continue until revoked or changed in writing by me and that my donation will be reported as a charitable donation on my T4 each year.

Payroll deduction to St. Michael's Hospital Foundation is completely voluntary and can be cancelled at any time.  
Your yearly tax-deductible donation amount will be recorded on your T4 for tax purposes.

### Option #2 – Monthly Giving Pre-authorized Payments

Pre-Authorized Payments of  \$15  \$30  \$50  Other \$ \_\_\_\_\_ per month to be removed from my bank account or credit card. *Please attach a void cheque or provide your credit card info on the following page.*

### Option #3 – One Time Gift

One Time Gift of \$ \_\_\_\_\_

#### I Wish To Pay By:

- Payroll Deduction
- Cheque (payable to St. Michael’s Hospital Foundation)
- Credit Card

VISA       MasterCard       AMEX

Card No.: \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### Your Commitment Will Allow the Foundation to Support the Hospital’s Most Urgent Priorities, Thank You.

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

- I wish to remain anonymous.
- Preferred recognition name: \_\_\_\_\_
- Yes, I would like to learn about getting involved with St. Michael’s Hospital Foundation.
- I’d like to receive communications from St. Michael’s Hospital Foundation.
- I’d like to receive my tax receipt by email. \_\_\_\_\_

*Tax receipt issued for gifts of \$20 or more.*

### You Can Support St. Michael’s Hospital With a Planned Gift.

- I have included St. Michael’s Hospital Foundation in my Will.
- I would like to receive a Personal Will Planner.

If you have questions, contact Julie Tsao at 416 864 5000 or [hello@stmichaelsfoundation.com](mailto:hello@stmichaelsfoundation.com)

Please scan your completed form to [hello@stmichaelsfoundation.com](mailto:hello@stmichaelsfoundation.com),  
or through internal mail to St. Michael’s Hospital Foundation, 2 Queen St E, 7th Floor, Suite 712.

Charitable Registration #122963663RR0001