

Your Charity at Work 2024



NEW DONATION CHANGE IN DONATION

MR MRS MS MISS DR OTHER:

First Name _____ Last Name _____

E-mail _____ Department _____ Location/Room # _____

Home Address: _____ City/Prov: _____ Postal Code: _____ Employee # _____


Home Phone # _____ Work Phone# _____

I'M AN EMPLOYEE OF: HSC/SHARED HEALTH WRHA OTHER _____

NOTE: UMG and other staff sited at HSC but NOT on HSC/Shared Health or WRHA payrolls may donate via cheque or credit card.


1. CHOOSE to give Bi-Weekly or a One-Time Donation

BI-WEEKLY PAYROLL DONATION

 HSC Patient Support \$ _____

Innovation at HSC (greatest needs) \$ _____

Other: _____

 Health Sciences Centre FOUNDATION

 Where it's needed most \$ _____

Children's Trust Account (specify): \$ _____

Other: _____


 The Children's Hospital Foundation of Manitoba

Bi-Weekly Payroll Deduction Total \$ _____
(x 26 PAY PERIODS) x 26

Annual Payroll Deduction TOTAL \$ _____


Deductions will begin at the next pay period and continue until I choose to make a change.

ONE-TIME DONATION

 HSC Patient Support \$ _____

Innovation at HSC (greatest needs) \$ _____

Other: _____

 Health Sciences Centre FOUNDATION

 Where it's needed most \$ _____

Children's Trust Account (specify): \$ _____

Other: _____

 The Children's Hospital Foundation of Manitoba

One-Time Donation TOTAL \$ _____

Will be processed in the next pay period.

- by one-time Payroll Deduction, deducted at the next pay period.
- by one-time Cheque payment. Cheque attached – Please make cheque payable to HSC Foundation OR Children's Hospital Foundation of Manitoba. If donating to both Foundations, please forward two separate cheques.
- by Credit Card processed in January. Name on Card: _____
 MC Visa AMEX Card Number: _____
 Expiry Date: _____ 3-digit Security Code # on back of card: _____

2. SIGN HERE to confirm your gift (required):

Signature _____ Date _____

3. RETURN completed form to:

HSC Foundation Office at PW112-700 William Ave or by email to ycaw@hscfoundation.mb.ca

NOTE: The personal information you have provided on this form is required to administer and recognize your donation. Your personal information will be shared with the charities you have chosen to support. Your information may be used to contact you for Your Charity at Work activities including but not limited to special event invitations and communications. Your personal information is protected under Manitoba's Freedom of Information and Protection of Privacy Act (FIPPA). Questions? Call the HSC Foundation at 204-515-5612.