



Charitable Donation Form

iii HealthPartners
PartenaireSanté
healthpartners.ca

For almost 30 years, HealthPartners and its 16 leading Canadian health charities have been working together to create healthy workplaces and communities with your essential support. Through workplace giving we are transforming the lives of Islanders.

Donations to HealthPartners in PEI are invested in:

- Critical research to help prevent diseases
- Support and education programs to keep us healthier
- Treatments and cures to save lives in our community

First Name			Middle	Last	Employee number	
Home address					City	Province
Tel. Home			Tel. Work		Postal Code	
					Personal Email	

A I want to help end chronic disease in Canada. Please divide my gift among all HealthPartners charities.

Designation Total (A) \$

B Support one or more of HealthPartners' charities directly:

\$	ALS Canada	\$	Crohn's and Colitis Canada	\$	Muscular Dystrophy Canada
\$	Alzheimer Society Canada	\$	Cystic Fibrosis Canada	\$	Parkinson Canada
\$	Canadian Cancer Society	\$	Heart and Stroke Foundation	\$	The Arthritis Society
\$	Canadian Diabetes Association	\$	Huntington Society of Canada	\$	The Kidney Foundation of Canada
\$	Canadian Hemophilia Society	\$	Multiple Sclerosis Society of Canada	\$	The Lung Association
\$	Canadian Liver Foundation				

Designation Total (B) \$

C My total gift to HealthPartners (A + B) \$

PAYMENT INFORMATION

☐ Payroll Deduction

☐ **EMPLOYEES** I authorize my employer to deduct \$ x 26 for a total gift to HealthPartners of \$
Amount per pay # of pay periods

☐ **RETIREES** I authorize my employer to deduct \$ x 12 for a total gift to HealthPartners of \$
Amount per pay # of pay periods

☐ Credit Card

☐ VISA

☐ MASTERCARD

☐ AMEX

CARD# EXP /

NAME ON CARD

One-time \$ or Monthly \$ for 12 consecutive payments for a total of \$

☐ Cash

☐ Cheque

☐ ONE PAYMENT

☐ POST-DATED CHEQUES

D Total Payment (Total in Box D must equal total in Box C) \$

SIGNATURE DATE

Please make cheques payable to HealthPartners. Receipts for credit card, cash or cheque donations of \$20 or more will be issued in February after final payment. Please note: If you made your gift through payroll deduction, your gift will appear on your T4. Visit HealthPartners.ca for more information. Registered Charitable # 118954981 RR0001.

FIND OUT HOW YOUR MONEY IS INVESTED

You have already made a difference on the Island with your gift, THANK YOU! Let us know how you want to be kept informed.

☐ I consent to receiving information from HealthPartners on the impact of donations, including how they save lives and fight chronic disease.

☐ I consent to being recognized (in name only) as a "HealthPartners Living Proof" leader (\$1,000 or more), through HealthPartners' electronic and print media.

HealthPartners is committed to donor privacy. Personal information is not shared without written authorization or unless required by law.

MAXIMIZE YOUR IMPACT: INVITE A COWORKER TO GIVE!