

# EMPLOYEE DONATIONS

NAME: \_\_\_\_\_

DONATION AMOUNT:

\$1     \$2     \$5     \$10     \$20     \$50

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize Cassellholme, to deduct the indicated amount biweekly, effective with the next payroll. I understand that Cassellholme will issue a tax deductible receipt [for amounts over \$10] on my T4.

If, at anytime, you wish to change the amount or discontinue your donation, please contact the Payroll Department.

*Thank You!*

Cassellholme relies on donations to support and enrich programs for our residents. Every donation makes a meaningful difference.

**CASSELLHOLME**

*Compassionate care for life's journey.*

Cassellholme Charitable Foundation  
Registered Charity Number 0973354-10  
400 Olive Street, North Bay ON P1B 6J4