

EMPLOYEE DONATIONS

NAME: _____

DONATION AMOUNT*:

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

I authorize my employer, 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.

* I can change the amount or discontinue my donation at any time by contacting the Payroll Department.

SIGNATURE: _____

DATE: _____

Thank You!

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

CASSELLHOLME

Compassionate care for life's journey.

Cassellholme Charitable Foundation
Registered Charity Number 89064 4560 RR0001
400 Olive Street, North Bay ON P1B 6J4