



Family Campaign Payroll Giving Form

Contact Information

Full Name:			
Title:			
Department:	Ext:	Home Phone:	
Home Address:			
City:	Province:		
Postal Code	Email:		

Gift Information

I wish to support West Park's Family Campaign by contributing the following amount per pay starting on the next pay period:

☐ \$5/pay ☐ \$10/pay ☐ \$15/pay ☐ \$20/pay ☐ Other \$____/pay

If you would prefer to make a gift monthly by credit card or another form of payment, please contact Ashleigh Manzoni at ext. 33604 or ashleigh.manzoni@uhn.ca.

Note: Your total annual donation will be reflected on your T4 slip each year.

Recognition Information

For recognition purposes (ex: donor impact report), I wish to be recognized as:

☐ _____

(Please print exactly as you would like it to appear)

☐ Anonymous

Signature _____ Date _____

**For general inquiries or to return form, please contact:
Ashleigh Manzoni at ext. 33604, ashleigh.manzoni@uhn.ca
or Foundation Offices (2B-301 and 302)**