



## Employee Giving Program Payroll Deduction Form

### Submit Completed Forms to:

Internal Mail: St. Joseph's Foundation at St. Joseph's Heritage  
or Scan & Email: [sjftb@tbh.net](mailto:sjftb@tbh.net)

Name:		Employee #:
Address:		
City & Postal Code:		
Primary Worksite:		
Work E-Mail:	Amount per pay: \$	
Signature:		Date:
Existing Donors - increase amount per pay to: \$		

Please check which area you would like your donation to be used:

**General Equipment Needs**

Funds the purchase of equipment needed to ensure quality of care and dignity for clients.

**Client Recreational Programming & Equipment**

Funds will support recreation equipment, recreational program supplies and costs (i.e. music therapy, art & craft supplies, gardening tools) and recreational outings for clients.

**Personal Client Needs**

Funds the purchase of specific items and/or services needed by individuals clients that will directly improve their personal health and rehabilitation, allowing clients to live independently.

**Other - I would like to give to support :**

If there is a specific area you would like to direct your donation to please indicate on the line above. Examples or areas of support are Indigenous Relations, Client Wellness Programs (gardening, excursions). If you have an area you would like to support please contact the Foundation office to discuss the options.

\$2 per pay period (for 26 pay periods) = \$52/year  
**\$5 per pay period (for 26 pay periods) = \$130/year**  
 \$10 per pay period (for 26 pay periods) = \$260/year

*You will receive a charitable donation receipt on your T4 annually.*

**St. Joseph's Foundation of Thunder Bay**  
807-768-4440 • [sjftb@tbh.net](mailto:sjftb@tbh.net) • [www.sjftb.net](http://www.sjftb.net)  
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