

# STAFF DONATION FORM

Your contribution to Holland Bloorview Kids Rehabilitation Hospital is significant. As a staff member, you already help kids reach their full potential in health and social inclusion. With a donation today, you'll be providing even more support to client families, programs and research. Together, we will continue to advance care and be leaders in childhood disability.

Yes, I \_\_\_\_\_ want to help kids and families at Holland Bloorview!

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## Donor Information

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

HB Department: \_\_\_\_\_ HB Ext.: \_\_\_\_\_

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## Gift Information

\$ \_\_\_\_\_ deducted from each pay starting on this date: \_\_\_\_\_.

\$ \_\_\_\_\_ per month, starting on the 15<sup>th</sup> of next month by credit card.

\$ \_\_\_\_\_ one-time donation.

\$ \_\_\_\_\_ pledge, paid in installments of \$ \_\_\_\_\_ starting on: \_\_\_\_\_.

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## Payment Information

Payroll donation     I've enclosed a cheque payable to Holland Bloorview Foundation.

Please charge my:     Visa                       MasterCard                       American Express

Card No: 

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                      Expiry: 

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Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Additional Information

For the purpose of recognition, I would like my name to appear as:

\_\_\_\_\_, or  I wish to remain anonymous.

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Receipts will be issued for donations of \$10 or more. Monthly donors receive one receipt for their total annual donation. Payroll donations will be reported on your T4 at the end of each year for a charitable tax credit.

**To make a gift online, please visit [hollandbloorview.ca/donate](http://hollandbloorview.ca/donate)**

Holland Bloorview Kids Rehabilitation Hospital Foundation

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E-mail: [foundation@hollandbloorview.ca](mailto:foundation@hollandbloorview.ca) [hollandbloorview.ca](http://hollandbloorview.ca) Charitable business #89932-6278-R0001

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