

Business Name:

Name :

Employee # :

Mailing Address :

Town :

Postal Code :

Home Phone :

Work Phone :

Amount to Deduct Per Pay Period

\$7  \$10  \$15  other \$

Amount to Deduct as one time donation from pay period Onetime donation amount \$

Signature:

Date:

Month / Day / Year

I (print name)

am giving my consent for \$

Prince George Foundation – Fort St. James Community Foundation Endowment Fund.

understand that by signing this form, I

tax deductible contribution to be made to the

I understand that all contributions I am making are directed to the Fort St. James Community Foundation Endowment Fund and will not be directed to any other funds held by the Prince George Foundation.

I understand that I will receive for a one-time donation, a tax receipt at the end of the calendar year that can be used for income tax purposes.

I understand for a deduction at pay period, the total amount donate for the calendar year will be reflected on my T4 Statement of Remuneration paid in the charitable donations category of this statement.