Employee Contribution Form

Contact Information

Name: _____________________________________________________________________________________________

Address: ___________________________________________________________________________________________

City: ___________________________________________ Province: _______ Postal Code: ________________________

Office Phone: ___________________________ Home Phone: ___________________________________________________________________________________________

Cell Phone: ___________________________ Email: ___________________________________________________________________________________________

Gift Information

☐ Area of Greatest Need ☐ Scholarships & Bursaries ☐ Research at NOSM

☐ Other (Specific Area): ___________________________________________________________________________________________

Method of Payment

Payroll Deduction

☐ Total contribution divided by 24 pay periods per year.

The sum of __________________________ payable over _____ years, beginning __________________________.

(Total amount) (Maximum of five years for an endowed award) (Effective date)

☐ Ongoing contribution of _____________ per pay until otherwise notified.

Other Contribution

☐ The sum of __________________________ payable over _____ years, beginning __________________________.

(Total amount) (Maximum of five years for an endowed award) (Effective date)

☐ Visa (Please complete details below.) ☐ Mastercard (Please complete details below.) ☐ Amex (Please complete details below.)

☐ Pre-Authorized Chequing (Please enclose a void cheque.) ☐ Cheque (Please make cheque payable to the Northern Ontario School of Medicine.)

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Other: __________________________

Credit Card #: ___________________________ Expiry: ___________________________

Signature: __________________________________________________________________________________________

Thank you for your support!

Northern Ontario School of Medicine Charitable Registration # 864660352RR0001