



Northern Ontario  
School of Medicine  
École de médecine  
du Nord de l'Ontario  
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# 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 edowed 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 edowed 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