

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