

Payroll Deduction Form Charitable Donation



CALGARY CATHOLIC SCHOOL DISTRICT

CHARITY NAME: Calgary Separate School Teachers' Charities
BN/Registration Number: 867301251RR0001

DONOR INFORMATION

Last Name: _____ First: _____

Employee ID#: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

DONATION AMOUNT: Per month

TERMS:

- Upon receipt of this form, payroll deduction of your donation will occur once per month.
- Once you are enrolled, you are allowed only one (1) change to your donation during each school year. You may cancel your donation (in writing) at any time.
- If you have cancelled your donations and wish to start again, you must complete a new donation form. Your new donations will begin on the first pay of the next school year.

AUTHORIZATION

I hereby authorize a payroll deduction as shown above. I understand that the deduction will continue until revoked or changed in writing by me, and that my donation will be reported as a charitable donation on my T4 statement.

Signature: _____

Date: _____

Please return your original completed donation form, signed in ink, to **Payroll Services**, Catholic Education Centre, 1000 – 5th Avenue SW, Calgary, AB T2P 4T9.