



As an employee of Bethany and a member of the communities we serve, **we encourage you to help us improve the lives of our residents by becoming a monthly donor.**

Your donation will be applied to our “greatest needs fund” which supports key priorities for our residents such as: specialized therapies & recreation programs, innovation in care and site-specific needs. You can cancel or update your donation at any time by contacting the Foundation.

AUTHORIZATION FOR MONTHLY EMPLOYEE DONATIONS

I would like to donate bi-weekly using a payroll deduction:

I authorize Payroll to deduct the amount \$ _____ **per pay period** (twice monthly) from my pay. This deduction will be credited as a donation to the Bethany Care Foundation and will appear on your annual T4 slip.

I would like to donate monthly by credit card or from my chequing account:

\$10 \$25 \$50 Other _____ (please specify)

Payment specifics:

I authorize The Bethany Care Foundation to deduct the amount indicated above on the first day of each month from my chequing account. (Please enclose a void cheque.)

I prefer to use my credit card to give a monthly gift as indicated above on the 15th of each month.

Visa Mastercard

Name on Credit Card: _____

Credit Card #: _____

Expiry Date: ____/____ Signature: _____

Please send my receipt to:

Name: _____ Employee Identification Number: _____

Bethany Site: _____

Home Address: _____ Phone: _____

City: _____ Prov: _____ Postal Code: _____

Date: _____ Signature: _____

Receipts are issued on an annual basis unless otherwise requested.

If you would like to speak with someone about Bethany Care Foundation, please contact us at 210-4600 or bcf@bethanyseniors.com.

Please return this form by email to bcf@bethanyseniors.com or by mail to:

The Bethany Care Foundation 100, 2915 – 26 Ave SE, Calgary AB T2B 2W6

Charitable registration number: 87675 4102 RR0001.