

foodbank@mun.ca

## **Employee Donations via Payroll Deduction**

Employee Number:			_ Last Name: (Can be found on payroll deposit stub or on my.mun.ca) Email:				
				l am:	Faculty	Staff	Retiree
				I Consent Bank:	t to have the follo	owing amount d	educted per pay period as a contribution to the Campus Food
\$2	\$5	\$10	Other: \$				
Donation	туре:						
0	ngoing (Deductio	n will continue	until payroll is notified otherwise)				
Ca	apped Donation o	of \$	(Deductions will stop once this amount is reached)				
0	ne-time Donation	n					
Signature	2:		Date:				

## Thank you for your generous support of the Campus Food Bank!

PLEASE SEND COMPLETED FORM TO PAYROLL, HUMAN RESOURCES by email to myhr@mun.ca. Note that the form needs to be signed either electronically or physically before sending by either method. If this is for an in-memoriam donation, please ALSO email a copy to foodbank@mun.ca if you wish for an acknowledgement to be sent to the family.

**Charitable Registration Number 888846532RR0001** – Amounts paid by payroll deduction will appear in the Charitable Donations box on your annual T4/T4A slip issued by Memorial University of Newfoundland. Therefore, an income tax receipt will not be issued by the food bank.

**Privacy Statement** Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed to process your application for payroll deductions to be made payable to the Campus Food Bank. Information will be stored in the Human Resources and Campus Food Bank databases and may be used for income tax purposes and statistical reporting. For details on the use and disclosure of donors' personal information, please contact the Campus Food Bank at (709) 864-3467.