

Ceridian Cares Donation Form

Instruction

- Fill out the form below and mail it along with your cheque to :

Ceridian Cares
125 Garry Street
Winnipeg, Manitoba R3C 3P2

Identification and Contact Information (All items with * are required.)

You are:

<input type="checkbox"/> A Group	<input type="checkbox"/> An individual	<input type="checkbox"/> A Ceridian customer
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Donation amount

\$

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title *	First Name *	Last Name *

<input type="text"/>		
Address *		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City *	Province *	Postal Code *
<input type="text"/>	<input type="text"/>	
Telephone No *	E-mail	

I would like my donation to be directed to the following location:

<input type="checkbox"/> Vancouver	<input type="checkbox"/> Calgary	<input type="checkbox"/> Edmonton
<input type="checkbox"/> Winnipeg	<input type="checkbox"/> Mississauga	<input type="checkbox"/> Markham
<input type="checkbox"/> Toronto	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Montreal
<input type="checkbox"/> Halifax	<input type="checkbox"/> Charlottetown	<input type="checkbox"/> National Account



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