

EXPERIOR PAYROLL DONATION FORM

Donor Information

FULL LEGAL NAME	BUSINESS NAME (If contributing in the name of a personal corp.)
STREET ADDRESS	CITY
PROVINCE (STATE), POSTAL CODE (ZIP)	PHONE
EMAIL	EXPERIOR AGENT CODE (if known)

Donation Amount and Frequency

CHECK ONE: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	
AMOUNT \$	START DATE
<p>NOTE: Payments will be deducted from your Experior commissions as per your selection above. A tax receipt will be issued for each calendar year directly from Shine.</p> <p>If you do not have a commission payable on the date that the donation is deducted, it will remain on the report and deducted from the next commission payable.</p> <p>The amount and frequency can be changed/stopped at any time by emailing bookkeeping@experiorheadoffice.ca</p>	

Shine Foundation
1100 Dearness Drive, Unit 21
London, Ontario N6E 1N9
Canada General inquiries:
info@shinefoundation.ca

X _____
Signature of Donor