



CommunityCare
NORTHUMBERLAND

VOLUNTEER DIRECTION
TO DONATE OUT OF POCKET EXPENSES



Full Name:

_____ Last First M.I.

Mailing Address:

_____ City Prov. Postal Code

Home Phone:

Email Address:

Nature of Expense:

Check all that apply and attach completed requisition and/or receipts that you are entitled to reimbursement.

- Client Transportation MOW delivery Travel Expenses Other _____

I _____ direct that the funds to which I am entitled by way of reimbursement for the attached expenses and would otherwise be forwarded to me by direct deposit, cash or cheque, be transferred to Community Care Northumberland as my gift*.

Signature: _____ Date: _____

*** A charitable receipt will be issued in the total amount of the gift within 30 days of direction.**

Privacy: Community Care Northumberland is committed to protecting the privacy of the personal information of its clients, members, volunteers, supporters, employees and other stakeholders. During the course of our various activities and projects, we frequently gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent.

The information gathered on this form will be used solely for the purpose of Electronic Fund Transfer and/or Charitable Tax Receipting For further information, please contact our administration office at 1-866-514-5774. If you have any questions about our privacy policy, or would like a copy of the complete privacy policy, please contact the Executive Director at 1-866-514-5774 or email admin@commcare.ca.