



The Actors' Fund of Canada
The lifeline for Canada's entertainment industry

Voluntary Payroll Deduction Form

Please complete this form and return to your engager or employer.

Company: _____

Production (or season): _____

Please deduct _____ % of my gross pay per pay period as a donation to
The Actors' Fund of Canada.

Please deduct \$ _____ per pay period from my pay as a donation to the Actors' Fund of Canada.

Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Signature: _____

A tax receipt will be issued by The Actors' Fund of Canada at the end of the calendar year in which donations are made.

Please add me to the Actors' Fund Mailing List
Email address: _____

FOR ENGAGER/EMPLOYER USE:

Total contributions for this participant:

% of gross pay _____ x \$ _____ (gross pay) = \$ _____

of pay periods ____ x \$ _____ per period = \$ _____

RETURN THIS FORM TO:

The Actors' Fund of Canada - 1000 Yonge Street, Suite 301 Toronto, ON M4W 2K2
contact@actorsfund.ca / Tel: 416.975.0304 / Toll-Free: 1.877.399.8392 / Fax: 416.975.0306