



Community well-being is our sole focus.

We can all make a contribution to the well-being of our community.

We all know how important the Bereavement Program is to our community.

Our Bereavement Program gives strength and hope to hundreds of people at one of the most

vulnerable time of their lives. The program relies on community support to provide a breadth of services that embrace individuals and families.

Client Assistance Fund

The Client Assistance Fund is available for some of our most vulnerable clients. This fund can be access for items such as grocery gift cards and transportation assistance.



IF WE ALL GIVE A LITTLE TOGETHER WE GIVE A LOT!

That's why we created the Giving is Caring program

- to recognize that our success depends on each and every one of us.

IT STARTS HERE, AND IT ALL ADDS UP!

200 STAFF GIVING \$1/PAY = \$5,200/YEAR 200 STAFF GIVING \$2/PAY = \$10,400/YEAR 200 STAFF GIVING \$5/PAY = \$26,000/YEAR

Evan a small donation can make a big difference... and the rewards are amazing!

Staff who participate through one-time gifts or payroll deductions will be eligible for weekly prizes that include:

WEEK 1: NOV. 18 - 22

- iPad donated by Mark J. Skipper
- (2) Windsor Spitfires tickets + \$50 Jose's gift card
- \$50 Petro Canada gift card
- Humanscale Device Charger
- \$50 Golf Town gift card + BBQ Scraper

the year beginning with the first pay in January. The

deduction will continue until further notice.)

WEEK 2: NOV. 25 - 29

- Day Off with Pay
- (2) Windsor Spitfires tickets + \$50 Vito's gift card

Ambassador, Kerri Hill or complete the online form. Payroll

deduction contributions will be recognized on your T4. Re-

ceipts for cash and credit card gifts will be issued.

- Refresh Spa Gift Certificate
- (2) Alex & Ani Bracelets
- \$50 Cook Shop gift card

I would like to support the: ☐ Bereavement Program ☐ Client Assistance Fund	☐ One-time annual deduction: \$ ☐ Cheque enclosed (payable to CMHA-WECB)
NAME:	☐ Visa ☐ MasterCard ☐ AMEX Card #
TITLE:	Expiry CVV
PHONE:	Signature
EMAIL:	\Box I wish this donation to remain anonymous.
PAYROLL DEDUCTION	\square I choose not to participate this year.
☐ I would like to give the same as last year.☐ I authorize CMHA-WECB to make payroll	Signature Date
deductions of \$per pay. (The amount will be deducted from every pay during	Please complete and return this form to your department

^{**}Increase your donation from 2023 to be entered into an additional draw for a gift card.