

Show your Local Love

Ms. Mrs. Mr. Dr. Other: _____ Year of Birth: _____

Name: _____

Workplace: _____

Home Address: _____

City: _____ Prov: _____ Postal Code _____

Phone: _____ Email: _____

I am planning to retire over the next year. Please forward next year's pledge form to my home address.



United Way
Kingston, Frontenac,
Lennox and Addington

417 Bagot Street
Kingston, ON K7K 3C1
Tel: 613-542-2674
Email: uway@unitedwaykfla.ca
Web: www.unitedwaykfla.ca
Charitable Registration #
125978270 RR0001

Method of Payment:

Option A:

Payroll Deduction

Payroll Deduction

Deduct

\$ _____ x _____ Pay Periods

= Total Donation \$ _____

**Payroll deduction receipts will appear on your T4.*

Automatically renew this gift annually

Option B:

Monthly Giving Program

A monthly gift is deducted on the 15th day of every month and will continue unless otherwise instructed:

\$ _____ x 12 months = \$ _____

A cheque marked VOID is enclosed

Charge my: Visa MasterCard

American Express

Card Number: _____

Expiry Date: ____/____

CVV # (3 digit # on back of card): _____

**Monthly Giving Program receipts will be issued Dec 31.*

Option C:

One-Time Giving Program

Total Amount: \$ _____

Cash (enclosed)

Cheque (made payable to United Way)

Charge my: Visa MasterCard

American Express

Card Number: _____

Expiry Date: ____/____

CVV # (3 digit # on back of card): _____

E-Transfer (etransfer@unitedwaykfla.ca)

Gift of Securities

(Please contact your financial advisor, or download a copy of the transfer form from our website

<https://www.unitedwaykfla.ca/securities/>)

**Receipts are issued for a gift of \$20 or more.*

Tell Us Why

Please share what inspires you to give to United Way _____

Leadership Giving

I am proud to be a: **Leader of the Way** (\$1,200+) **Friend of the Way** (\$500 - \$1,199)

You may acknowledge my gift. Print it as: _____ I wish to remain anonymous

I give jointly with my partner. Please acknowledge our **combined gift** (please provide name & workplace of partner): _____

Donor Choice

United Way - I want my donation to have the maximum impact in our community \$ _____

Impact Areas: I wish to target my donation to the following United Way impact areas (no processing fee):

All That Kids Can Be: Helping children & youth reach their fullest potential. \$ _____

Strong and Healthy Communities: Supporting personal wellbeing & strengthen neighbourhoods. \$ _____

From Poverty to Possibility: Meeting basic human needs and moving people out of poverty. \$ _____

I wish to designate a gift to another registered Canadian Charity

(a minimum gift of \$20 is required for this option, 10% processing fee will apply except to other United Ways)

_____ \$ _____

Charity Name & Registration Number: Registration numbers are available in Charities Listings on the CRA website www.canada.ca/en/services/taxes/charities.html

Ask Us How You Can Continue the Tradition of Giving

I would like more information about leaving a gift to United Way KFLA in my will I have included United Way KFLA in my will

Signature _____

Payroll Copy

Campaign Volunteers: Please submit this portion of the form to your payroll department.

Name: _____ Payroll Number: _____

I authorize my employer to deduct \$ _____ x _____ pay periods, for a total gift of \$ _____

X _____ (Amount to match TOTAL GIFT above)

Donor Signature

Date

Donor Copy

Total Donation \$ _____

Date _____

Thank you for your support!

Charitable Registration #: 125978270RR0001

United Way KFLA is committed to protecting the privacy of the personal information of its donors, members, employees and stakeholders.

<https://www.unitedwaykfla.ca/privacy-policy/>