

Please indicate your Ministry/Agency here:



Please indicate your local United Way:UW _____ (see reverse for UW code)

Return entire form to your local Campaign Lead.

1 CONTACT INFORMATION

For details on how United Way uses your information, see below.

Mr. Ms. Mrs. Miss Dr.

First name _____ Init. Business phone _____ - _____ - _____

Last name _____ ext. _____

Street # _____ Street name _____ Apt. # _____ Home phone or Cell phone _____ - _____ - _____

City _____ Prov. _____ Postal code _____

Personal Email _____ I am retiring. Contact me at home after

2

MY TOTAL DONATION THIS YEAR IS \$ _____ . _____

Payroll Deduction (Recorded on your T4 slip)

\$ _____ . _____ **X** _____ number of pays = **\$** _____ . _____
Total payroll

Please complete SECTION 4 at the bottom of this page.

AUTOMATIC PLEDGE RENEWAL ENROLLMENT - I agree to have my payroll deduction automatically renewed for the following year and beyond. I may stop this payroll deduction by advising the payroll department.

My donation is ongoing starting in January. I may stop my payroll deduction at any time, by advising the payroll department of my ministry or agency name in writing with 30 days notice.

This form must be submitted to your ministry treasurer by December 7th.

Credit Card:

To make a secure credit card donation, please call 416-359-2093 (Toll-free: 1-888-550-2279).

Tax Credit:

Gifts by payroll deduction are usually recorded on your T4 slip. Tax receipts will automatically be issued by year-end for all non-payroll gifts of \$25 or more. A consolidated tax receipt will be issued at year-end for all payments dated in the current calendar year.

Gift of Securities/Share options: Please call your local United Way _____ There is no capital gains tax on gifts of securities.

Donation Authorization Please submit the signed original form and retain a copy for your records.

X Signature _____

Date _____

3 RECOGNITION

My Leadership gift (\$1,200 or more) may be publicly recognized by my local United Way according to its recognition levels (where applicable): Yes No If yes, I would like my/our name to appear as:

We are committed to protecting your privacy. United Way will collect and use personal information necessary to provide personalized campaign pledge tools to carry out your ministry or agency campaign; to process your donations and payments; to redirect a donation or any part of a donation to another charity as instructed by you; to confirm renewal of giving and maintain a donation history; to issue tax receipts; to keep you informed about giving opportunities and the work of United Way; to acknowledge and recognize your donations and to comply with federal and provincial regulatory guidelines and reporting requirements. A United Way that processes your donations on behalf of other United Ways may share the information collected on this form with your local United Way for these purposes. For complete details of our Privacy Policies and other information, please contact your local United Way or go to unitedway.ca to locate the United Way in your area.

4 FILL OUT THIS SECTION FOR PAYROLL DEDUCTION ONLY VOLUNTEER TO DETACH AND SEND TO PAYROLL OFFICE

First name _____ Initial _____ Last name _____

Department/City _____

WIN # _____
(required for payroll deduction)

I authorize the deduction of \$ _____ . _____ X _____ pay periods,
for a total donation of \$ _____ . _____

U W _____
United Way Code

Provide United Way Code here and on the reverse. A complete list of United Ways and UW codes appears on the reverse.

X

Signature for payroll authorization _____

Date _____



