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MY CONTACT INFORMATION

*REQUIRED FIELD

☐ MS. ☐ MRS. ☐ MR. ☐ DR. FIRST NAME* _____ INITIAL(S) _____ LAST NAME* _____

HOME ADDRESS* _____ CITY/PROVINCE* _____ POSTAL CODE* _____

HOME PHONE (____) _____ - _____ EMAIL _____

WORK PHONE (____) _____ - _____ EMAIL _____

CELL PHONE (____) _____ - _____ GENDER _____ YEAR OF BIRTH _____

EMPLOYER NAME _____ DEPT. _____ EMPLOYEE # _____

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MY DONATION METHOD

PAYROLL DEDUCTION Amount per pay \$ _____ X Number of pay periods _____ = \$ _____
(Deductions between January - December)

CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ AMEX

ONE-TIME CREDIT CARD GIFT = \$ _____

MONTHLY CREDIT CARD GIFT
BETWEEN JANUARY - DECEMBER

Card # _____ \$ _____ X _____ MONTHS = \$ _____

Expiry ____/____ 3 Digit CVC (Found on back) ____

QUARTERLY CREDIT CARD GIFT
(JANUARY, APRIL, JULY, OCTOBER)

Name on Card _____ \$ _____ X _____ MONTHS = \$ _____

☐ CASH ☐ CHEQUE = \$ _____
(Make cheques payable to United Way Burlington & Greater Hamilton)
(Please attach cash/cheque to this form)

Pre-Authorized Debit \$ _____ for 12 months (on the first of each month) for a total annual gift of = \$ _____

☐ *Please see waiver on reverse and attach a void cheque.

MY TOTAL CONTRIBUTION = \$ _____

A gift of \$1,200 or more distinguishes you as a United Way Leader. Your leadership gift will be recognized by United Way. Please print name(s) as you would like it to appear (eg. John and Jane Doe, The Doe Family, etc.).

☐ I wish to remain anonymous.

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DECIDE WHO TO SUPPORT

I want to make the most powerful contribution possible. Please give my gift to United Way to direct where it is needed most in:

☐ Burlington \$ _____ ☐ Hamilton \$ _____

(Optional designation)

☐ Poverty (Basic Needs, Financial Stability, Employment and Skills Training). \$ _____

☐ Kids (School Readiness, After-School Programming and Mentoring, Transition to Adulthood). \$ _____

☐ Communities (Strong Seniors, Counselling and Mental Health, Connecting People to Networks and Resources). \$ _____

I want to support another registered Canadian charity.

CANADIAN CHARITY NAME _____

REGISTERED CHARITY NUMBER _____

IN ORDER FOR US TO PROCESS YOUR DESIGNATION, YOU MUST PROVIDE US WITH A REGISTERED CHARITY NUMBER.

FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION

Please do not detach. This form will be sent to your payroll department by your Employee Campaign Chair.

Name _____ Employee # _____

Company Name _____

I authorize my employer to deduct: \$ _____ X _____ pays for a total annual payroll gift of \$ _____

Signature _____ Date _____

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DESIGNATION DETAILS

DONATIONS WILL REMAIN ANONYMOUS UNLESS OTHERWISE INDICATED.

A \$12 PROCESSING FEE IS SUBTRACTED FOR EACH DESIGNATION TO COVER THE COST ASSOCIATED WITH YOUR DESIGNATION. FOR INFORMATION ON CANADIAN CHARITIES, VISIT: WWW.CRA-ARC.GC.CA/CHRTS-GVNG/MENU-ENG.HTML.

I am retiring in the next 12 months (please send all communications to my home address). YES ☐

I would like more information on GenNext - Engaging Young Professionals. YES ☐

I am interested in learning how to include United Way in my Will. YES ☐

TAX RECEIPTS will be automatically issued for non-payroll gifts of \$25 or more. Gifts by payroll are recorded on your T4 slip in Box 46 by your payroll department. For gifts made through multiple or post-dated payments, a receipt will issued by year-end.

PRE-AUTHORIZED PAYMENT WAIVER

I / We authorize United Way to debit my / our account as indicated on the front page, in the amount of \$ _____. Each payment shall be the same as if I / we had personally issued a cheque authorizing the Bank to pay the United Way as indicated and to debit the amount specified to my / our account. I / We will notify the United Way promptly in writing if I / we move the account from one bank or branch to another or if there is any other change in the account.

I / We understand that the Bank is not responsible to verify whether these payments are properly debited to my / our account. This authorization may be cancelled at any time upon written notice by me / us to the United Way. Any delivery of this authorization to the United Way constitutes delivery by me / us to the Bank. I / We am / are the person(s) who are required to sign on the above account. I / We will receive a signed copy of this authorization form.

Signature(s) _____ Date _____

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SIGN AND DATE

Please authorize your donation by signing*: _____ Date: _____

THANK YOU FOR YOUR GIFT!

177 Rebecca St.
Hamilton, ON
L8R 1B9

t 905-527-4543
f 905-527-5152

3425 Harvester Rd. Unit 107
Burlington, ON
L7N 3N1

t 905-635-3138
f 905-632-1918

Registered Charitable Organization Business Number BN10746 2988 RR0001

THANK YOU TO OUR SUPPORTING SPONSORS

