

# Changing Lives Locally



United Way

Ms.  Mrs.  Mr.  Dr. 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.

I would like to receive an e-receipt.



Algonquin & Lakeshore  
Catholic District School Board



## Method of Payment:

Option A:

### PAYROLL DEDUCTION

Payroll Deduction

Deduct

\$ \_\_\_\_\_ x \_\_\_\_\_ Pay Periods

=Total Donation \$ \_\_\_\_\_

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

Option B:

### MONTHLY GIVING PROGRAM

A monthly gift is deducted on the 15<sup>th</sup> 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: \_\_\_\_/\_\_\_\_

*\*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: \_\_\_\_/\_\_\_\_

Gift of Securities (Please contact your financial advisor, or download a copy of the transfer form from our website [www.unitedwaykfla.ca/donate](http://www.unitedwaykfla.ca/donate))

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

## 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.cra-arc.gc.ca](http://www.cra-arc.gc.ca))

## 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

**Campaign Volunteer: United Way will scan a copy of this form and forward to you to submit to your payroll department**

**I WANT TO SUPPORT MY LOCAL COMMUNITY THROUGH UNITED WAY**

**TOTAL GIFT \$** \_\_\_\_\_

**Signature** \_\_\_\_\_