



THE POWER OF YOU

\$1 a day

Everyday Hero

Warm socks and hygiene supplies for homeless youth.

\$10 a pay

A safe place for youth to attend an evening drop in program for one week.

\$20 a pay

Transportation for isolated seniors to attend a weekly social program.

\$50 a pay

Job search assistance support for more than 1,000 people.

1. CONTACT INFORMATION

Mr Ms Mrs Other _____ Full Name _____

Organization _____ Union Member? Name of Union/Local # _____

Department/School _____

Home Address _____ City _____ Postal Code _____

Home Phone _____ Work Phone _____ Birth Year _____

Home Email _____ Work Email _____

MY COMMUNICATION PREFERENCES I wish to receive:

Invitations to special events (such as recognition events and launches)

Mail Yes No

Email Yes No

Phone Yes No

Acknowledgements, general information regarding United Way, and details about the impact your gift is making in the community

Mail Yes No

Email Yes No

Phone Yes No

2. WAYS TO GIVE

Payroll giving amount per pay \$ _____ x _____ Number of pay periods
Please complete and sign section 3. Gifts by payroll deduction will be recorded on your T4. = \$ _____

Cash Cheque
Make cheques payable to United Way of Greater Victoria = \$ _____

Credit Card: Visa Mastercard American Express
One Time Credit Card Gift = \$ _____

Please continue my monthly donation until I ask you to stop
Card # _____ Monthly Credit Card Gift amount per month = \$ _____
Expiry _____ \$ _____ x 12

Signature _____
Please provide your signature for credit card gifts. Monthly credit card transactions will begin in January and will be processed on the 15th of each month or next business day.

Tax receipts of \$25+ distributed by Feb 28.
 I would like to direct my gift - please see over **My Total Gift** = \$ _____

Leadership Recognition Your gift may distinguish you as a United Way Leader online. May we recognize your donation?
 Yes No If yes, please print name(s) as you would like it to appear. _____

3. PAYROLL GIVING

If you made a gift through payroll giving **this form must be filled out and signed** for your payroll office. **PLEASE DO NOT DETACH.** This section to be detached by a campaign volunteer and forwarded to your payroll office. tear off here

Full Name _____ Organization _____

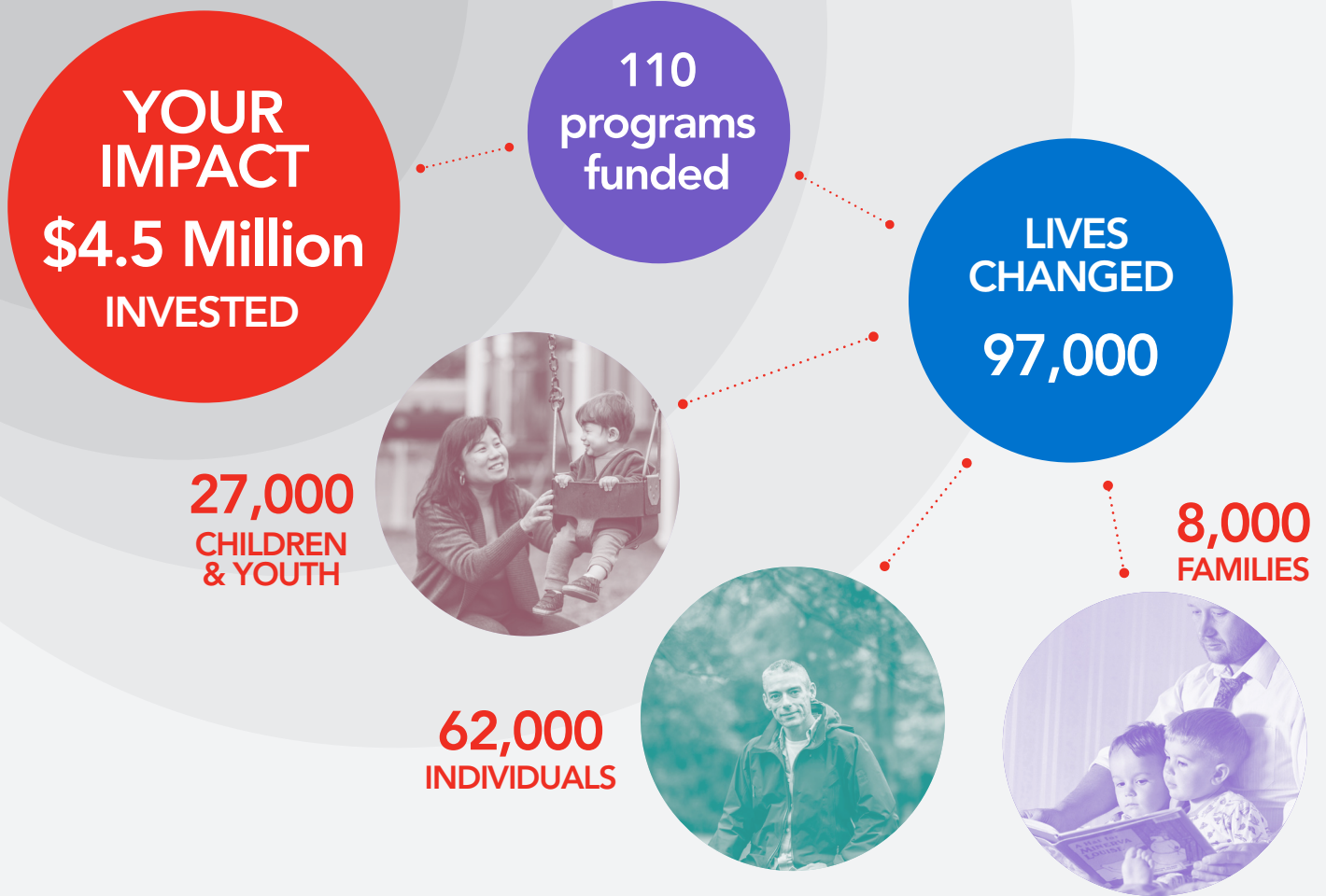
Department/School _____ Employee # _____

I authorize the deduction of \$ _____ x Number of pay periods _____ = \$ _____

Donor Signature _____ Date _____

YOUR CONTRIBUTION MAKES AN IMPACT

Behind every changed life is someone who made it happen. In 2015, donors like you changed the lives of 97,000 individuals, families and children and youth.



4. PRIORITY AREAS

I would like my gift to address a specific priority area(s):

<p>KIDS Supporting children and youth with opportunities</p> <p>\$ _____</p>	<p>POVERTY Moving people from poverty to possibility</p> <p>\$ _____</p>	<p>COMMUNITY Developing the capacity of people to care for themselves and their families</p> <p>\$ _____</p>
---	---	---

Optional: A portion of your gift may be designated to another registered Canadian charity. Minimum \$25 per charity, 3 charities maximum, \$12 cost recovery fee per designation.

Canadian Charity Name	City	**Charitable Registration No.	Gift Amount	Release my name to the charity for recognition: <input type="radio"/> Yes <input type="radio"/> No	

**In order for us to process your designation, you must provide us with a registered charity number. Visit www.cra.gc.ca for a listing of charities. If the information provided is incomplete, or the charity does not have a charitable tax number from CRA, your donation will be directed to United Way.

United Way Greater Victoria • 1144 Fort Street • Victoria BC • V8V 3K8 • T 250-385-6708 • uwgv.ca

United Way is committed to protecting the privacy and confidentiality of your personal information. We do not share donor lists. We safeguard your personal information, to see our complete privacy policy, please go to uwgv.ca. Charitable Business Number 119278224RR0001