

# HELP MAKE LOCAL ISSUES #UNIGNORABLE



United Way  
Greater Victoria

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <b>NAME</b>		<b>ORGANIZATION</b>	
<b>NAME OF UNION/LOCAL #</b>		<b>DEPARTMENT/SCHOOL</b>	
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>POSTAL CODE</b>
<b>HOME PHONE</b>	<b>HOME EMAIL</b>		<b>BIRTH YEAR</b>

WAYS TO GIVE	TOTAL GIFT
<b>1. <input type="checkbox"/> PAYROLL GIVING</b> Amount per pay \$ _____ X _____ Number of pay periods Please complete and sign below. Gifts by payroll deduction will be recorded on your T4.	= \$ _____
<b>2. <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE</b> Make cheques payable to United Way of Greater Victoria. Tax receipts of \$25+ distributed by Feb 28.	= \$ _____
<b>3. <input type="checkbox"/> CREDIT CARD</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> Please continue my donation until I ask you to stop Card Number _____ Expiry _____ CVV _____ Signature for Authorization _____ 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.	Monthly Credit Card Gift: = \$ _____ /per month x 12 = \$ _____ OR One Time Credit Card Gift: \$ _____

**PAYROLL GIVING** If you are making a gift through payroll giving **this form must be filled out and signed. PLEASE DO NOT DETACH.**  
 This section to be detached by a campaign volunteer and forwarded to your payroll office.

<b>FULL NAME</b>	<b>ORGANIZATION</b>
<b>DEPARTMENT/SCHOOL</b>	<b>EMPLOYEE #</b>
I AUTHORIZE THE DEDUCTION OF \$ _____ X NUMBER OF PAY PERIODS _____ = \$ _____	
<b>DONOR SIGNATURE</b> _____	<b>DATE</b> _____

# TOGETHER WE CAN MAKE LOCAL ISSUES #UNIGNORABLE



## PRIORITY AREAS - DIRECT MY GIFT

WHERE IT IS NEEDED THE MOST OR

I WOULD LIKE MY GIFT TO ADDRESS A SPECIFIC PRIORITY AREA(S):

### KIDS

Supporting children and youth with opportunities

\$ \_\_\_\_\_

### POVERTY

Moving people from poverty to possibility

\$ \_\_\_\_\_

### COMMUNITY

Developing the capacity of people to care for themselves and their families

\$ \_\_\_\_\_

Optional: A portion of your gift may be designated to another registered Canadian charity. Minimum \$25 per charity, three charities maximum, **\$16 cost recovery fee per designation.**

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

\*\*In order for us to process your designation, you must provide us with a registered charity number. Visit [www.cra.gc.ca](http://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.

## OTHER INFORMATION

If your gift is \$1200 a year or more, may we recognize your donation?  YES  NO, I would like to be anonymous

If yes, please print name(s) as you would like it to appear: \_\_\_\_\_

A \$1,200 gift to United Way may qualify you as a Women United member. For more information, check here

### Planning Today, Helping Tomorrow

- I would like information about supporting United Way in my will or other estate plans.
- I have already made provisions in my will or other estate plans to support United Way.



# THANK YOU!

United Way Greater Victoria • 201-633 Courtney Street • Victoria BC • V8W 1B9 • 250-385-6708 • [uwgv.ca](http://uwgv.ca)  
Charitable Business Number 119278224RR0001

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](http://uwgv.ca).