



United Way
Greater Victoria

Show your local love
Let's rally to recover. #YYJ needs you.

| | | |
|------------------------------|-------------------|--------------------------|
| NAME | | ORGANIZATION |
| NAME OF UNION/LOCAL # | | DEPARTMENT/SCHOOL |
| HOME ADDRESS | CITY | POSTAL CODE |
| HOME PHONE | HOME EMAIL | BIRTH YEAR |

| WAYS TO GIVE | TOTAL GIFT |
|--|--|
| 1. <input type="checkbox"/> PAYROLL GIVING Amount per pay \$ _____ X _____ Number of pay periods Please complete and sign below. Gifts by payroll deduction will be recorded on your T4. | = \$ _____ |
| 2. <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE Make cheques payable to United Way of Greater Victoria. Tax receipts of \$25+ distributed by Feb 28. | = \$ _____ |
| 3. <input type="checkbox"/> CREDIT CARD <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 _____ 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.

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

NEW AREAS OF ACTION - DIRECT MY GIFT

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



Isolated Seniors



Help connect isolated seniors to healthy meals and companionship

\$ _____



Families in Need



Create a safe daycare space for children dealing with trauma

\$ _____



Mental Health & Addictions



Help save lives by providing outreach and counselling to those facing mental health challenges and addictions

\$ _____

PLEASE DIRECT MY GIFT TO WHERE IT IS NEEDED THE MOST \$ _____

OPTIONAL: a portion of your gift may be designated to another registered Canadian charity. Minimum donation of \$40 per charity, two other charities maximum. A 10% cost recovery fee **per** designation to a maximum of \$100 **per** designation will be applied.

Canadian Charity Name

City

**Charitable Registration No.

Gift Amount

Release my name to the charity for recognition:

Yes 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.

LEADERSHIP

If your gift is more than \$1,200 a year, we would like to recognize your donation. Please print your name as you would like it to appear. _____ No thank you, I would like to be anonymous

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
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