



1 CONTACT INFORMATION

Mr. Ms. Mrs. Miss Dr.

First Name Init. Last Name

Home Address Apt.#

City Prov. Postal Code Business Phone - -

Business Email Ext.

Home Email Home Phone or Cell Phone - -

Employer

2 MY TOTAL DONATION THIS YEAR IS \$.

I would like to give:

Payroll Deduction (Recorded on your T4 slip)
 \$. X number of pays = \$.
Total payroll

Cheque Post-dated cheque(s)
 ! Attach and make payable to The United Way of Fort McMurray. \$.
Total cheque

VISA MasterCard AMEX
 ! Please provide your contact information in section 1 above. \$.
Total credit card
 Credit cardnumber Exp. Date:
 Name on card (please print)
 One time or Monthly Quarterly Semi-annually
 In **equal** payments of: \$. Deductions starting in January, processed on the 15th.

Gift of Securities/Share options: Contact The United Way of Fort McMurray

Tax Credit

Donations to United Way are fully eligible for federal and provincial tax credits. A tax receipt will be automatically issued for non-payroll gifts of \$25 or more. For non-payroll gifts made through multiple or post-dated payments, a tax receipt will be issued with each payment or at year-end.

United Way In Our Community

When you give to United Way you can be sure that your donation is going where it is needed most. Through our commitment to solid research and meaningful collaboration with a wide array of partners, we are targeting the root causes of social problems affecting our community and making sure your donation has a lasting impact. Your donation helps individuals and families move from poverty to possibility, enables children from all walks of life to fulfill their potential and builds strong, healthy communities.

3 DONATION AUTHORIZATION

White Copy- Campaign Canvasser Yellow Copy- Payroll Pink Copy- Individual

Signature

Date

4 RECOGNITION

My leadership gift may be publicly recognized by The United Way of Fort McMurray according to its recognition levels. This year, I/we would like to be listed as (Please Print):

I do not wish my name to be publicly listed in The United Way of Fort McMurray's recognition materials this year.

Would you like to be linked to another donor for recognition purposes?
 Yes No

If yes, please print :

Linked Donor Name: _____

Employer: _____

Thank you! For more details on how we use your personal information, please see the back of this form.

