



United Way / CENTRAL & NORTHERN VANCOUVER ISLAND

INSPIRING BUILDING SHARING



1. Contact information

Mr. Ms. Mrs. Miss. Dr. First Name _____ Last Name _____

Home address _____ City _____ Postal Code _____

Home phone _____ Please indicate which e-mail to use for "UW Leader", the United Way newsletter.

Work phone _____ extension _____ Work e-mail _____

Cell phone _____ Home e-mail _____ United Way Account _____

Employer _____ Department _____ Employee number _____

Union and Local _____ I will be retiring this year, please contact me at home after I retire on _____ date

2. How I want to make my donation

a. Payroll deduction*

*For this option, a copy of this form must be provided to your Payroll Department.
*Donations made by payroll deduction will be receipted on your annual T4 slip.

I authorize my employer to make deductions from my pay as follows:

\$1 per day (\$365) or

Per Pay Period

\$8.00 \$20.00

\$10.00 \$50.00 Other: \$ _____

\$ _____ x _____ = \$ _____
Amount # of pay periods Total donation

b. Pre-authorized bank withdrawal*

*Please attach a voided cheque if you select pre-authorized bank withdrawals.
*A receipt will be issued at "tax time" for donations of \$20 or more.

I authorize United Way to make withdrawals from my bank account as follows:

\$ _____ x _____ = \$ _____
Amount # of months Total donation

I understand that this monthly donation will continue until I notify United Way of any changes.

c. Cash or cheque*

*Please make cheques payable to United Way CNVI
*For cash and cheque donations a receipt will be issued for donations of \$20 or more when United Way processes this form.

Cash \$ _____ Cheque \$ _____

Post-dated cheques (Your receipt will be issued at "tax time".)

\$ _____ x _____ = \$ _____
Amount of each cheque # of cheques Total donation

d. Credit Card*

*A receipt will be issued at "tax time" for all donations made throughout the calendar year if the total is \$20 or more.

I authorize United Way to bill my credit card as follows:

MasterCard VISA

Card number _____

Expiry date ____ / ____

Beginning in January for 12 consecutive months, a monthly donation of \$ _____

a one-time donation of \$ _____

a continuous monthly donation of \$ _____
I understand that this monthly donation will continue until I notify United Way of any changes.



Please consider increasing your donation this year. One more toonie every two weeks could mean a life change to someone. Thank you.

4. Planned Giving and Securities

- I would like more information about donating stocks, bonds or a life insurance policy.
- I have included United Way Central & Northern Vancouver Island in my will.

3. If your donation totals \$500 or more (\$20 x 26 pay periods)

If your donation totals more than \$500 (\$20 per pay) you are a Leadership Giver. May we recognize your donation in our Honour Roll?

- Yes, I authorize United Way to publicly recognize my Leadership Investment.
- No, I wish to remain anonymous.

5. Designations (One Time \$12 Fee)

I wish to designate some of my donation. (\$50 min. per charity)

Name of charity _____ \$ _____ (include check box to notify)

Name of charity _____ \$ _____ (include check box to notify)

Total \$ _____

6. Signature

Signature _____

Date _____

United Way Central & Northern Vancouver Island

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Charitable Registration Number #11926 0537 RR0001

A safe, supportive community is everyone's responsibility. Please give.

