

UNITED WAY CAMPAIGN PLEDGE FORM



United Way
British Columbia

Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

4543 Canada Way, Burnaby, BC V5G 4T4
www.uwbc.ca | info@uwbc.ca | 604.294.8929

SHOW YOUR LOCAL LOVE.
DONATE TODAY.

1. YOUR INFORMATION

First name _____ Last name _____ Year of birth _____
 Home address _____ City _____ Prov _____ Postal Code _____
 Home/Cell phone _____ Home email _____
(Required if giving by cheque or credit card)
 Employer _____ Employee # _____
 Work phone _____ Work email _____
 Your name as you'd like it to appear in published materials: _____ Please do not publish my name.
 I'm retiring in the next 12 months. Please keep in touch so I can learn about the impact of my gift and volunteer opportunities.

2. YOUR DONATION

LOCAL GIVING LOCAL RESULTS

GIFTS MADE IN YOUR REGION, STAY IN YOUR REGION.

▶ **My Total Gift is:** \$50 \$120 \$250 Other: _____

<input checked="" type="checkbox"/>	PAYROLL DEDUCTION	Please deduct <input type="text" value="\$ per pay"/> x <input type="text" value="#"/> pay periods = <input type="text" value="\$ Total Gift"/>
<input checked="" type="checkbox"/>	MONTHLY GIVING January - December	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX Credit card deductions begin January and end December. Processed the first of each month.
<input checked="" type="checkbox"/>	ONE-TIME GIFT Upon receipt at United Way	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque (Payable to United Way) <input type="checkbox"/> Gift of Securities (Contact gos@uwbc.ca or call 604.294.8929 ext. 213)

CREDIT CARD NUMBER (please provide if giving by credit card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number				Expiry MM/YY			

Tax receipts for payroll gifts are on T4 slips. Receipts for other gifts (\$25 min) are distributed in February.

3. AUTHORIZATION (Required)

Please authorize your donation by signing: _____ Date _____

Your gift will be directed to where it is NEEDED MOST in community, unless specified in preferences below.

4. OPTIONAL

I want to support the following United Way investment areas, specifically: Amounts below must add up to match your Total Gift.

Kids & Youth: \$ _____ Helping kids and youth achieve the brightest future possible.	Seniors: \$ _____ Helping seniors live healthy, active and engaged lives.	Community: \$ _____ Investing in community response, recovery and resilience.	Endowment Fund: \$ _____ Investing in our community's future through the endowment fund.
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I want to support another registered Canadian charity:

Charity Name: _____ \$ _____	<small>A \$16 processing fee will be deducted per donation to cover the cost associated with your designation to another charity.</small> <input type="checkbox"/> Yes, forward my name to the charity (Total gift \$500+)
City: _____ Registered Charity No. _____	

Leaving a legacy to your community: I would like to know more about leaving a gift in my will.
 I have left a gift in my will to United Way.

THANK YOU

United Way British Columbia is committed to protecting the privacy and confidentiality of your personal information. Your personal information is used only for United Way's and your organizations' campaign to administer and acknowledge your donation, to contact you about renewal, and to provide you with information about United Way and its events. Please visit uwbc.ca to view our privacy policy. **Charitable Registration No. BN108160185 RR 0001**