

### 1. Contact information

Mr.  Ms.  Mrs.  Miss.  Dr.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_

Home phone \_\_\_\_\_ Please indicate which e-mail to use for the United Way newsletter

Work phone \_\_\_\_\_ extension \_\_\_\_\_  Work e-mail \_\_\_\_\_

Cell phone \_\_\_\_\_  Personal e-mail \_\_\_\_\_

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 invest

#### a. Payroll deduction\*

\* Notes: \* The bottom portion of this form must also be completed if you select payroll deduction.  
\* 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:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Amount # of pay periods Total donation

#### b. Pre-authorized bank withdrawal\*

\* Notes: \* Please attach a voided cheque if you select pre-authorized bank withdrawals.  
\* A receipt will be issued at "tax time" for all donations made throughout the calendar year.

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

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Amount # of months Total donation

#### c. Credit Card\*

\* Note: \* A receipt will be issued at "tax time" for all donations made throughout the calendar year.

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

AMEX  MasterCard  VISA

Card number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

for 12 consecutive months beginning in January. \$ \_\_\_\_\_

a one-time donation of..... \$ \_\_\_\_\_

a continuous donation ..... \$ \_\_\_\_\_

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

#### d. Cash or cheque\*

\* Notes: \* For cash and cheque donations a receipt will be issued 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

### 3. Leadership Investing Recognition Levels

- Founder.....\$10,000 to \$24,999
- Pacesetter.....\$5,000 to \$7,499
- Frontrunner.....\$3,500 to \$4,999
- Patron.....\$2,500 to \$3,499
- Builder.....\$1,500 to \$2,499
- Leader.....\$1,000 to \$1,499

- I authorize United Way to publicly recognize my Leadership Investment.
- I want to remain anonymous.

### 4. I would like to know more about...

- Reducing capital gains tax by making my donation through a gift of securities.
- Leaving a legacy through planned giving.
- Being remembered by designating United Way as a beneficiary of an RSP or life insurance policy.

### 5. Signature

Signature \_\_\_\_\_

Date \_\_\_\_\_



United Way / Centraide  
Windsor - Essex County

Detach for your Payroll department

#### Payroll deduction authorization (to be submitted to your Payroll Department)

Name \_\_\_\_\_

Department \_\_\_\_\_

Employee number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Amount # of pay periods Total donation

