

# SHOW YOUR LOCAL LOVE



**United Way  
Centraide**  
Windsor-Essex County

## MY INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Miss  Dr.

Address: \_\_\_\_\_ City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mobile  Work  Home

Employee No.: \_\_\_\_\_ Local Union: \_\_\_\_\_

## MY GIFT TO UNITED WAY IS \$

Please complete one of the payment options below:

### PAYROLL DEDUCTION

I authorize my employer to deduct

\$ \_\_\_\_\_ per pay period for

\_\_\_\_\_ pay periods

**Continuous Giving**

*(I understand my donation will continue until I notify the Payroll Department of any changes)*

*Payroll deductions will be receipted on your annual T4 slip*

### MONTHLY GIVING

I authorize United Way to withdraw

\$ \_\_\_\_\_ each month

- Monthly *(For 12 consecutive months)*  
 Monthly Automatic Renewal  
*(I understand my monthly donation will continue until I notify United Way of any changes)*  
 Send tax receipt by email

**Select credit card or attach a void cheque**

Visa  MasterCard  American Express

Card #: \_\_\_\_\_ / \_\_\_\_\_  
Exp: \_\_\_\_\_

### PAY NOW

- I have enclosed cash or a cheque payable to United Way/Centraide Windsor-Essex County  
 I would like to make a one time donation by credit card  
 Send tax receipt by email

**Select one**

Visa  MasterCard  American Express

Card #: \_\_\_\_\_ / \_\_\_\_\_  
Exp: \_\_\_\_\_

My gift at the **Leadership** level (\$1,200+) or **Friend** level (\$500 - \$1,199) may be publicly recognized by United Way.

- I would like my name to appear as follows: \_\_\_\_\_  
 I wish to remain anonymous

### STAY INFORMED ABOUT THE IMPACT OF YOUR DONATION

- I would like to know more about United Way's work to help kids in our community.

### WE WANT TO KNOW WHAT YOU THINK!

- I would be happy to receive and fill out a donor survey occasionally.

## SIGN AND DATE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you agree to allow United Way to retain your information, which may be used to contact you in the future.

**Privacy Statement:** The information provided to United Way is confidential and will not be shared with any other person or organization.

**Tax Receipts:** A tax receipt will be issued for a donation of \$10 or more. Payroll deductions will be receipted on your annual T4 slip.

Terms and conditions of pre-authorized bank withdrawals and credit card payments are available at [www.weareunited.com/terms](http://www.weareunited.com/terms) or upon request.

United Way/Centraide Windsor-Essex County | 300 Giles Boulevard East, Unit A1, Windsor, Ontario, N9A 4C4  
t. 519-258-0000 | f. 519-258-2346 [www.weareunited.com](http://www.weareunited.com) | Charitable Registration Number: 10816 0334 RR0001



**YOUR DONATION  
LOOKS LIKE ME**

# LOCAL KIDS DESERVE **LESS...**

Hunger  
Stress & Anxiety  
Poverty  
Obstacles



# TOGETHER, WE CAN GIVE KIDS **MORE...**



Healthy Food  
Confidence  
Prosperity  
Hope

Your donation will empower kids to achieve their dreams and create a thriving community for us all.

DONATE TODAY: [www.weareunited.com](http://www.weareunited.com)



**United Way  
Centraide**  
Windsor-Essex County