

# TAKE BOLD ACTION AGAINST POVERTY

## SUPPORT UNITED WAY



United Way  
Sault Ste. Marie and district

**1. MY CONTACT INFORMATION**  Mr.  Mrs.  Miss  Dr. My gender is: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Donor Since: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_  
 Work  Home  Mobile  Please send my Tax Receipt to this email account

Employer Name: \_\_\_\_\_ Union/Local: \_\_\_\_\_  
 (If Applicable)

### 2. MY GIFT TO THE COMMUNITY



I authorize my employer to deduct \$ \_\_\_\_\_ per pay period,  
 For \_\_\_\_\_ pay periods for a total donation of \$ \_\_\_\_\_  
 # of pay periods

Continuous Pay Period Donations (I understand that continuous donations will come off my pay until I notify the Payroll Department of any changes.)

OR



I would like to pay over time:

Monthly (For 60 consecutive months)  Monthly (For 12 consecutive months)  
 Monthly Donation with Automatic Renewal (I understand that my monthly donation will continue until I notify United Way of any changes.)

I will pay by:

Credit Card (Select one)  Visa  Mastercard  AMEX  
 Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pre-Authorized Chequing (Enclose void cheque)

I authorize United Way:

To withdraw \$ \_\_\_\_\_ each month for a total annual gift of: \$ \_\_\_\_\_

OR



My gift to United Way is \$ \_\_\_\_\_

Pay by:  Cash (Enclosed)  
 Personal Cheque (Enclosed, payable to United Way of Sault Ste. Marie)  
 Credit Card (Select one)  Visa  Mastercard  AMEX  
 Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 3. LEADERS AND FRIENDS

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

Yes, I would like my name to appear as follows: \_\_\_\_\_  
 No, I wish to remain anonymous.

### 4. DONOR CHOICE

Poverty Reduction  District Grants  
 Essential Services  Workplace Entry  
 Other registered Charity \_\_\_\_\_ \* Designations are subject to admin fee

**5. SIGN AND DATE:** Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax receipts are issued for gifts of \$10 or more. Payroll deduction amounts appear on your T4. We are committed to protecting your privacy. Information you provide is used to help us in our campaign to process and receipt your donation.

United Way of Sault Ste. Marie & district | 7A Oxford Street | Sault Ste. Marie, ON | P6B 1R7  
 t. (705)256-7476 | f. (705)759-5899 | [www.ssmunitedway.ca](http://www.ssmunitedway.ca) | Registered Charitable #10816 0300 RR0001

United Way Copy (Please photocopy for your records)

Please detach for your payroll department

FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION

NAME		ADDRESS	
CITY/PROV	P/C	COMPANY	

I authorize my employer to process my gift:

Please deduct \$ amount x # of pays = \$ total

Donor's Signature X \_\_\_\_\_ Date \_\_\_\_\_

OUR **BOLD CHALLENGE**

↓

**RAISE \$6.25 MILLION Over 5 years**

**HELP 12,000 LOCAL PEOPLE EACH YEAR IN SAULT STE. MARIE & DISTRICT**

**LET'S GET PEOPLE OUT OF POVERTY**