Moving People from Poverty to Possibility Locally

United Way Sault Ste. Marie & Algoma District

1. MY CONTACT INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Donor Since: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City & Province: _____ P/C: _____

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 **This year, my total donation is $_____**

Payroll deduction

I authorize my employer to deduct $ _____ X Number of Pay Periods _____ for a total donation of $_____.

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

OR

Pay over time

I would like to pay over time:

☐ 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

Pay the full amount now

One time Donation $_____

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: _____/_____

It's Year 2 of our 5-Year Campaign to raise $6.25 Million

Total raised to date is $1,890,401

Helping 12,000 Local People each year in Sault Ste. Marie & Algoma District

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

☐ **Overcoming Poverty**
Leads to more opportunities and has a positive effect on overall quality of life.

☐ **General Fund**
Please direct my donation to where it is needed most in the community.

☐ **District Grants**
Dollars raised where you live stay local.

☐ 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 & Algoma District | 300 - 258 Queen St. E. | Sault Ste. Marie, ON | P6A 1Y7
t. (705)256-7476 | f. (705)759-5899 | www.uwssmalgoma.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**