



Name: _____

Organization: _____

Address: _____

City/Prov: _____ P/C _____



Total Gift \$ **to be paid as follows:**

PAYROLL DEDUCTION

Please fill out the tear-away section at the bottom of this page if you have selected this choice!

Please deduct \$ amount x # of pay periods = \$ total

☐ CREDIT CARD

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

☐ VISA ☐ MASTERCARD ☐ AMEX

EXPIRY | m | m | y | y

Recurring payments will be processed on the 1st of each month.

Name on Card _____

CHEQUE Make payable to

United Way of the Alberta Capital Region \$_____

CASH

\$

For endowments, gifts of stocks or securities, or to arrange pre-authorized debit, please contact our Individual Giving Team at 780-990-1000.

Sharing Results And Staying In Touch

Work Phone: _____

Personal Phone: _____

Home address:

City: _____

Province: _____ P/C: _____

Work email:

Personal email:

Tax Receipts

Tax receipts for payroll donations will appear on T4 slips.

Tax receipts for all other donations will be distributed in February of the year following the donation.

United Way is committed to protecting your privacy and does not sell or share your personal information. To learn more about our policies and practices, email privacyofficer@myunitedway.ca.

YOUR SIGNATURE IS REQUIRED FOR ALL DONATION OPTIONS

X **Signature** _____ **Date** _____

Date _____

This section is required for payroll deduction only. Detach and forward to your payroll office.

I authorize the deduction of \$_____x_____ number of pay periods for a **TOTAL GIFT** of \$ _____

Signature _____ Date _____

Name _____ Workplace _____

Funds raised strengthen our local communities. Your contribution helps your neighbours.
You will see the difference right here in the Alberta Capital Region.

How Do You Want To Help?

☐ Invest in United Way's strategic programs that **Create Pathways Out of Poverty**

\$

OR

☐ Invest in the focus area(s) that is(are) most important to you:

Ensuring children succeed through the school years.

Helping people build job skills and financial stability.

Supporting basic needs and personal well-being.

\$

\$

\$

OR

☐ Invest in the program(s) or initiative(s) that is(are) most important to you:

All in for Youth Supporting at-risk children to graduate high school.

Empower U Providing financial education to women living in low income.

Tools for School Ensuring children have necessary school supplies to learn.

Mental Health Helping those in need access comprehensive mental health supports.

\$

\$

\$

\$

☐ **OTHER CHARITIES**

United Way makes it convenient for you to direct funds to other registered Canadian charities. **The minimum designation is \$25 per organization** and there is a processing fee. Learn more at www.myunitedway.ca/FAQ. For a list of Registered Canadian Charities, visit www.canada.ca/en/services/taxes/charities.

Registered Canadian Charity Name:

Registered Canadian Charity Number:

\$

☐ I do not want to have my name forwarded to the organization(s) identified.

MY TOTAL GIFT: \$

United Way is a leader in fiscal responsibility and is always well below the C.R.A.'s administrative cost threshold. Learn more at www.myunitedway.ca/statementofintent.


TOMORROW FUND

Leaving a planned gift provides you with the opportunity to create lasting meaning by helping future generations in our community.

☐ My estate plans include United Way.

☐ Send me info about Planned Giving.






Thank You!



United Way

Alberta Capital Region

myunitedway.ca



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Tel. 780-990-1000 • Fax. 780-990-0203

Charitable Registration #11926 0487 RR0001