

Change starts here.

Give. Volunteer. Act.



1 Your personal information

Prefix _____ First name _____ Last name _____

Home address _____ City/Prov _____ Postal code _____

Home phone _____ Work phone _____

Home email _____ Work email _____

Employer name _____ Payroll no. _____ Location _____

Year of birth _____ I have contributed to United Way since(year) _____

2 Please give

I want:

- United Way to invest my gift where it is needed the most**
 - to help break the cycle of poverty for children 0-6
 - to help children 6-12 make the right choices
 - to help **seniors** stay independent and active
 - to support United Way's **Endowment Fund**

\$
\$
\$
\$
\$

Thank you for giving

Your gift of \$1,000+ distinguishes you as a Leadership Donor. Please **print your name** as you would like it to appear in published materials.

Optional: Designate to another registered Canadian charity (min. \$25). A \$12 fee per designation will be charged.

_____ \$

Canadian charity name City Registered charity #

- I wish to remain anonymous

- Yes**, forward my name to the charity (applicable to total gifts of \$500 or more)

TOTAL GIFT

\$

3 Decide how to give

- Payroll giving PLEASE COMPLETE SECTION BELOW**
 - Credit card** **Visa** **MasterCard**
-
- Card number Expiry (month/yr)
- Monthly giving Jan. 2014 - Dec. 2014 processed on the first of each month** (min. \$10/month)
 - One-time gift, immediately upon receipt at United Way** (min. \$25)
 - One-time gift, the 1st of _____ (month) _____ (year)** (min. \$25)
 - Cash/Cheque** (Cheque payable to United Way)
 - Gift of Securities** Please call 604.294.8929 or email info@uwlm.ca for a Gifts of Publicly Listed Securities Share Transfer Form.

Tax Receipts

Receipts for payroll gifts are included on T4 slips. Receipts for cash/cheque/credit card gifts of \$25+ distributed Feb. 2014.

4 Sign here

Please authorize your gift by signing below.

X _____

Signature

Date

United Way of the Lower Mainland is committed to protecting the privacy and confidentiality of your personal information. Your personal information is used only for United Way's campaign, to administer your donation and contact you about renewal, to respond to your information requests, to know who our donors are, to periodically, as we are able, send you literature on United Way or invite you to recognition events and information sessions, and to thank you and recognize your gift. To see our complete privacy policy, please go to uwlm.ca. Registration No. (BN)108160185.)

2013 GIFT FORM/OFFICE USE ONLY		
Div	United Way ID	Company ID

✂ Cut or Tear here

Payroll giving

ATTENTION

Donor: For payroll deductions, please fill out this section and send the **whole form** to **Kaye McMahon**, VCH Communications & Public Affairs, 400 - 520 W. 6th Avenue, Vancouver, V5Z 4H5.

Name _____ Location _____

VCH Employee ID _____

I authorize my employer to deduct \$ _____ X _____ pay periods, for a total gift of \$ _____ (Amount to match TOTAL GIFT above)

X _____

Donor signature Date

Kaye McMahon
VCH Communications & Public Affairs,
400-520 W. 6th Avenue,
Vancouver, BC, V5Z 4H5

THANK YOU FOR GIVING!

