

# 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 to give where help is needed most

\$

I want to give these amounts to these areas specifically:

\$	\$	\$	\$
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From poverty to possibility

All that kids can be

Stronger communities for seniors

United Way's Endowment Fund

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

Canadian charity name	City	Registered charity #	\$
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Yes, forward my name to the charity (applicable to total gifts of \$500 or more)

**TOTAL GIFT**

\$

### Thank you for giving

Please print your name as you would like it to appear in published materials.

Please do not publish my name

## 3

### Decide how to give

Payroll giving PLEASE COMPLETE SECTION BELOW

Credit card  Visa  MasterCard

Card number	Expiry (month/yr)
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Monthly giving Jan. 2015 - Dec. 2015 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](mailto: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. 2015.

## 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](http://uwlm.ca). Registration No. (BN)108160185.

2014 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 West 6<sup>th</sup> Ave. V5Z 4H5 by Friday, December 19.

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)

Kaye McMahon  
VCH Communications & Public Affairs  
400-520 West 6<sup>th</sup> Ave.  
Vancouver, BC, V5Z 4H5

X \_\_\_\_\_  
Donor signature Date

**THANK YOU FOR GIVING!**

