Change starts here.

Give. Volunteer. Act.





Y	our personal inforr	mation			
Prefix	First name	Las	st name		
Home address		Cit	y/Prov	Postal code	
Home phone			Work phone		
Home email		Wo	ork email		
Employer name		Pa	ayroll no.	Location	
Year of birth		I h	I have contributed to United Way since(year)		
7)	lease give				
	lease give				
I want:					
	where help is needed most		\$	Thank you for giving	
_	Il that kids can be		\$	Your gift of \$1,200+ distinguish	
	erty to possibility		\$	you as a Leadership Donor. Please print your name as yo would like it to appear in published materials.	
□ Strong cor			\$		
_	y's Endowment Fund		\$		
_ Onnou vva	y o Endownione i dila		Ψ		
Optional: Designate to	another registered Canadian charity	v. A \$12 fee per designation	will be charged.		
			\$	□ I wish to remain anonymous	
Canadian charity name City Registered charity #					
☐ Yes , forward my n	name to the charity (applicable to	o total gifts of \$500 or mo	re)		
_	ТОТ	AL GIFT	\$		
3 D	ecide how to give				
included on T4 slips. cash/cheque/credit of \$25+ distributed Feb Monthly giving Jan. 2016 - Dec. 2016 processed on the first of each month (min. \$10/month) One-time gift, immediately upon receipt at United Way One-time gift, the 1st of(month)(year)				Receipts for payroll gifts are included on T4 slips. Receipts for cash/cheque/credit card gifts of \$25+ distributed Feb. 2016.	
• `	neque payable to United Way) Please call 604 294 8929 or en	nail warreno@uwlm.ca f	or a Gifts of Publicly Li	sted Securities Share Transfer For	
A	Sign here				
Signature United Way of the Lower Main Information is used only for Ur Information requests, to know	your gift by signing below. land is committed to protecting the privacy and itted Way's campaign, to administer your donati who our donors are, to periodically, as we are a tion sessions, and to thank you and recognize y IN)108160185.	confidentiality of your personal inform on and contact you about renewal, to lble, send you literature on United Wa	respond to your y or invite you to	United Way ID Company ID	
	e				
Payroll					
ATTENTION	Donor: For payroll ded VCH Communications &	uctions, please fill out this Public Affairs, 400 - 520 W	s section and send the 7. 6 th Ave., Vancouver, V	whole form to Margaret Laird, 5Z 4H5 by Dec. 11, 2015.	
<u>Name</u>		Location			
VCH Employee ID					
I authorize my employe	er to deduct \$ X	pay periods, for a total gift of	of \$	(Amount to match TOTAL GIFT above)	

THANK YOU FOR GIVING!

Donor signature

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