



1 CONTACT INFORMATION

For details on how United Way uses your information, see below.

Mr. Ms. Mrs. Miss Dr.

First name _____

Last name _____

Street # _____ Street name _____ Apt. # _____

City _____ Prov. _____ Postal code _____

Email (personal preferred) Personal or Business

Employee ID
Campaign ID
Account ID
Location ID
Donor ID

Init.

Business phone _____
ext. _____

Home phone or Cell phone
_____ - _____ - _____

Birth year _____

I am retiring. Contact me at home after _____

YES, SIGN ME UP to receive information through email from United Way. I can unsubscribe at any time.

2

MY TOTAL DONATION THIS YEAR IS \$ _____.

Payroll Deduction (Recorded on your T4 slip)
\$ _____ X _____ number of pays = \$ _____
Please complete **SECTION 4** at the bottom of this page. Total payroll

Cheque Cheque date
Attach and make payable to **UNITED WAY.** \$ _____
Total cheque

VISA MasterCard AMEX
Please provide your contact information in section 1 above. \$ _____
Total credit card
Credit card number _____ Exp. Date:

One time or Monthly Quarterly Semi-annually In equal payments of: \$ _____ Starting:
United Way will process credit card installments no later than the 28th of each month.

Gift of Securities/Share options: Please call 416-359-2093 (Toll-free: 1-888-550-2279) or email assistance@uwgt.org
There is no capital gains tax on gifts of securities.

Tax Credit:

Gifts by payroll deduction are usually recorded on your T4 slip. Tax receipts will be electronically issued at year end for all non-payroll gifts of \$25 or more if an email address and mailing address are provided in section 1.

I would prefer to receive my tax receipt by mail.

MY WORKPLACE

Please confirm your workplace location to allow us to direct your donation to your local United Way.

City _____ Prov. _____

If you prefer your donation to be directed to another United Way, please see back of form.

Donation Authorization Please submit the signed original form and retain a copy for your records.

Signature _____ Date _____

3 RECOGNITION

My Leadership gift (\$1,200 or more) may be publicly recognized by United Way. Yes No

If yes, I would like my/our name to appear as: _____

We are committed to protecting your privacy. United Way will collect and use personal information necessary to provide personalized campaign pledge tools to carry out a workplace campaign; to process your donations and payments; to redirect a donation or any part of a donation to another charity as instructed by you; to confirm renewal of giving and maintain a donation history; to issue tax receipts; to keep you informed about giving opportunities and the work of United Way; to acknowledge and recognize your donations and to comply with federal and provincial regulatory guidelines and reporting requirements. Where we process donations on behalf of other United Ways, the information we collect will be shared with your local United Way for these purposes. To see our privacy policy, visit unitedwaytyr.com or contact our Privacy Officer at 416-777-2001 or through email at privacy@uwgt.org. Contact your local United Way for information on the local privacy policy.

4 FILL OUT THIS SECTION FOR PAYROLL DEDUCTION ONLY

TO BE DETACHED BY YOUR PAYROLL OFFICE

First name _____ Initial _____ Last name _____

Department/Location _____ Employee ID# _____

I authorize the deduction of \$ _____ X _____ pay periods,
for a total donation of \$ _____

Signature for payroll authorization _____ Date _____



