



United Way

26 Wellington St E 12th Floor, Toronto ON M5E 1S2  
Tel 416 777 2001 | Fax 416 777 0962 | TTY 1 866 620 2993  
Charitable Business No.119278216RR0001  
unitedway.ca

# 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 \_\_\_\_\_



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