

Give



Charitable Business Number: 119278471 RR0001

INFORMATION (Your personal information is kept confidential. Please list home address, phone and email to receive recognition and tax receipt.)

Mr. Mrs. Ms. Dr. First Name _____ Last Name _____
Home Address _____
City _____ Prov. _____ Postal Code _____ Phone _____
Email _____
 Please add my name to your annual donor list. May we recognize your donation? Yes No, I wish to remain anonymous
Employer _____

MY DONATION

YES! I want to make a donation of \$ _____ X _____ (# of may periods)
I would like to make my donation using: Payroll Deduction
 Personal cheque, enclosed Postdated cheque(s), enclosed
Charge my: VISA Mater Card
Name on Card: _____
Card Number: _____ Expiry: _____ CVV: _____ (back of card)
Signature: _____

Tax receipts are issued by the end of February in the year following your donation, except for payroll donations which will be recorded on Box 46 of your T4

DIRECT YOUR GIFT (OPTIONAL)

The most effective way to help the community is by donating directly to United Way of Trail and District.

OPTIONAL: Designate a portion of your donate to a specific area with United Way of Trail & District

General Fund (please direct my donation to where it is needed most in the community) \$ _____ Help kids be all they can be \$ _____
Move people from poverty to possibility \$ _____ Build strong community \$ _____
OPTIONAL: Designate a portion of your donation to another United Way of registered Canadian Charity (minimum \$25)* \$ _____

Name of Charity	City	Registered Charity Number
*A transaction fee of \$12 will be charged per designation for donation to charities not funded by United Way of Trail and District (excludes donations to other United Ways). For information visit, www.cra-arc.gc.ca/charities . Registered Charity Number just be included. If the information is inaccurate, the donation will be directed to United Way of Trail and District.		

I do not wish my name to be released to the charity indicated.

THANK YOU FOR YOUR SUPPORT

OUR COMMITMENT TO YOU: We are committed to protecting the privacy and confidentiality of your personal information. The information you provide will be used to assist in the proper administration and acknowledgement of your gift, to issue tax receipts, and to fulfill your information requests you may have, with your expressed permission.

Please forward top portion of this form to the United Way of Trail and District
855 Farwell St. Trail, BC V1R 3T9

If you made your gift through payroll deduction, please fill out this section detach and process with your payroll department.

Name: _____ Employee # _____ Employer: _____
I authorize my employer to deduct \$ _____ X Pay periods, for a total gift of _____
Signature: _____ Date: _____

Thank you for giving!