

Give. Volunteer. Act.

Pledge Sheet
United Way of Trail &
District 855 Farwell St.
Trail, BC V1R 3T9
250-364-0999



Your contact information

Mr. Mrs. Ms. Miss. Dr.

Please Print Clearly

Name: _____ Employer: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Email: _____

My Gift This Year \$ _____

Payment Options

Cash Cheque
 Credit Card Master Card Visa

Card # _____ Expiry Date _____ CVV # _____
Please authorize your gift by signing below on back of card

X _____ Date _____

I want to designate \$ _____ of my gift to another registered Canadian Charity

Specify name and registered charity number
(All designations are paid over and above any allocation an agency receives. For non-funded agencies a 10% processing fee is applied.)

Thank you for supporting our communities!

Registered Canadian Charitable Organization
No. 119278471 RR0001

Donor Privacy Obligation

We are committed to protecting the privacy and confidentiality of your personal information. The information you provide to us 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

DONOR: Please retain for your records.

My Gift to United Way this year: \$ _____ Date _____

Receipts will be issued yearly in February

Thank you for Giving!

info@uwtraildistrict.org