

1) CONTACT INFORMATION						
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ First name	e	[	Last name			
Home address				Home phone		
City				•		
Employer				•		
Home email						
To help us better understand our donors, please					ail my tax receipt to my:	
to help us better understand our donors, please tell us your birth year.					email  Work email	
				Payroll deductions	are receipted on your T4.	
2) HOW I WANT TO GIVE						
My gift of \$ will be paid by:	Tax receipt will be issu	ued for gifts of \$20 or i	more.			
OPTION A		OPTION B				
☐ VISA ☐ MasterCard ☐ AMEX ☐ Autor		•	_	nning in January)		
(monthly on	ly, attach void cheque)			e the following ar	, ,	
Credit card number	Expiry Date	Φ	- X	(number of pays	TOTAL	
☐ One time OR ☐ Monthly gift of \$		OPTION C				
to be deducted on the 1		Make cheques payable to: UNITED WAY ELGIN MIDDLESEX				
month (beginning in January).		☐ Cheque				
Deduct my monthly gift:	<b>-</b> "	_ = ===================================			\$ TOTAL	
For months	☐ Perpetually					
OPTION D Gift of Securities by contacting United Way at 519-438-1723 ext.229						
Signature (required for all payment methods)			Date			
3) DONOR RECOGNITION			Evenide	, Hara (\$1/day)	¢245	
Making a gift of \$1,200 or more annually distinguishes you as a Lead Please print your name below as you would like it to appear in recog			Friend	/ Hero (\$1/day)	— \$365 — \$500 - \$1,199	
				nip levels	— \$1,200 - \$2,499	
					<ul><li>\$2,500 - \$4,999</li><li>\$5,000 - \$9,999</li></ul>	
$\square$ I request to remain anonymous in United Way public recognition materials			Philanthr	opists' Circle	<pre>— \$10,000 - \$24,999 — \$25,000 +</pre>	
			Timanun	opists circle	— \$23,000 T	
You and your partner may combine gifts to reach at the same address. To make a combined gift, p				S.		
Partner's name	Partne	Partner's workplace (if applicable)				
Partner's donation Combined gift amount (for public recognition)						
FORM SUBMISSION INSTRUCTI	ON					

Please return this form to your Campaign Champion.

## DONOR CHOICE

☐ I WANT MY GIFT TO MAKE T	HE MOST POWERFUL C	ONTRIBUTION POSSIBLE	
☐ I want to support the follow	ving United Way impac	t areas:	
Poverty to possibility	\$	County of Elgin	\$
Healthy communities	\$	- County of Middlesex	\$
Helping kids be all they can be	e \$	-	
☐ I would like a portion of my gi A \$12 fundraising fee will be c For information visit, canada.c	harged for donations to c	0 0	d Way Elgin Middlesex.
Name of Charity			
Registered Charity Number	City	<b>U</b> Ple	ase forward my name to the specified charity
CREATE A LEGACY			
I would like more information	about: 🗖 Leaving a gift i	in my will. 🔲 I have include	d United Way in my will.

## TAX DEDUCTION INFORMATION

A gift to United Way may entitle you to a charitable contribution deduction against your income tax.

## Charitable tax savings

	Total tax savings	Actual cost to you
\$500	\$160.58	\$339.42
\$1,200	\$441.70	\$758.30
\$2,500	\$963.78	\$1,536.22
\$5,000	\$1,967.78	\$3,032.22
\$10,000	\$3,975.78	\$6,024.22

<sup>\*</sup>Actual results may vary from this chart due to different tax situations and deductions.

## **YOUR PRIVACY**

United Way is committed to protecting the privacy of all of our donors.

United Way Elgin Middlesex embraces the principles of the Canadian Standards Association Model Code for the Protection of Personal Information to ensure that all personal information is properly collected, used only for the purposes for which it is collected and is disposed of in a safe and timely manner when no longer required.

Access to your information is restricted to specific United Way Elgin Middlesex employees, volunteers and authorized service providers who need the information to do their jobs and have completed an Oath of Confidentiality.

Our complete privacy policy can be found at unitedwayem.ca/about-us/privacy/

If you have questions or would like to discuss the privacy of your personal information, please contact our Privacy Officer, at 519-438-1721.



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Thank you for your support. For more information, visit unitedwayem.ca or find us on:





