



United Way
Northern British Columbia



A PERSONAL INFORMATION

PLEASE COMPLETE STEPS A–D

Name _____ Miss Ms. Mrs. Mr. Dr.
 Company Name _____ Payroll Number _____
 Home Address _____
 City _____ Postal Code _____
 Telephone (Home) _____ Telephone (Work) _____
 Email (Home) _____ Email (Work) _____

We believe in our community. **We believe** that its success depends on the people who live in it. That everyone has something to contribute. That everyone deserves respect. That everyone's potential can be realized. That diversity is vital. That every person has value. That everyone needs help and everyone can offer help. That a safe, supportive community is everyone's responsibility. **We believe** in possibility. **We believe** in our community. **We believe** that its success depends on the people who live in it. That everyone has something to contribute. That everyone deserves respect. That everyone's potential can be realized. That diversity is vital. That every person has value. That everyone needs help and everyone can offer help. That a safe, supportive community is everyone's responsibility. **We believe** in possibility. **We believe** in our community. **We believe** that its success depends on the people who live in it. That everyone has something to contribute. That everyone deserves respect. That everyone's potential can be realized. That diversity is vital. That every person has value. That everyone needs help and everyone can offer help. That a safe, supportive community is everyone's responsibility. **We believe** in possibility. www.unitedwaybc.ca

Leadership Giving

Chairman's Level \$1000+
(\$40 over 26 pay periods)

Leadership Level \$500 – \$999
(\$20 over 26 pay periods)

Sustaining Donor Level \$365 – \$499
(\$14 over 26 pay periods)

B GIVING OPTIONS

Option 1 **MAXIMUM POSSIBLE IMPACT**

in the community by having United Way direct my gift to where it is needed most.

Option 2 **TARGETED IMPACT** by giving to one of the following critical areas:

Successful Kids and Empowered Families Involved Seniors Healthy Citizens and Safe, Supportive Communities

You have the additional choice to direct gifts to registered Canadian charities.

Charity	City	Amount	Charity	City	Amount
A fee will be charged for processing gifts designated to registered Canadian charities.					

C PAYMENT OPTIONS

GIFTS MADE BY INSTALLMENT OR PAYROLL WILL BE DEDUCTED BETWEEN JANUARY 1, 2010 AND DECEMBER 31, 2010

PAYROLL DEDUCTION

I authorize my employer on behalf of United Way to deduct from my paycheque the following amount:

\$40 \$20 \$10 \$5 One hour of pay per month \$ _____

Other \$ _____ OR 1% of my annual salary \$ _____

My pay period:

Weekly (52 per year) Twice a Month (24 per year)

Every 2 weeks (26 per year) Other _____

\$ _____

number of pay periods _____

TOTAL DONATION \$

(multiply amount by number of pay periods)

OTHER PAYMENT OPTIONS

Cash Cheque Post-dated Cheque(s) Visa MasterCard

Monthly Visa • MasterCard

Card No. _____ Expiry _____

TOTAL DONATION \$

D SIGN HERE

Signature _____ Date _____

Anonymous Donation by checking this box, you're indicating that you wish to remain anonymous.

PRINCE GEORGE 1600 – 3rd Avenue • Tel [250] 561–1040 • Fax [250] 562–8102 **FORT ST. JOHN** 9325 – 100th Street • Tel [250] 263–9266 • Fax [250] 785–6050
 Charitable Registration Number: 122679699 RR0001 Receipts for donations made through payroll are included on T-4 slips

WHITE: UNITED WAY COPY **YELLOW:** PAYROLL COPY **PINK:** DONOR COPY