



United Way
Southern
Vancouver Island

Show your local love 

NAME

ORGANIZATION

NAME OF UNION/LOCAL #

DEPARTMENT/SCHOOL

HOME ADDRESS

CITY

POSTAL CODE

HOME PHONE

HOME EMAIL

BIRTH YEAR

WAYS TO GIVE

1. **PAYROLL GIVING** Amount per pay \$ _____ X _____ Number of pay periods
Please complete and sign below. Gifts by payroll deduction will be recorded on your T4.

2. **CASH** **CHEQUE** Make cheques payable to United Way Southern Vancouver Island
Tax receipts of \$25+ distributed by Feb 28.

3. **CREDIT CARD** VISA MASTERCARD AMEX
 Please continue my donation until I ask you to stop
Card Number _____ Expiry _____
CVV _____

Please provide your signature for credit card gifts. Monthly credit card transactions will begin in January and will be processed on the 15th of each month or next business day.

4. ***NEW OPTION** Donate a percentage of your salary.
To calculate your percentage, go to uwsvi.ca/calculator

TOTAL GIFT

= \$ _____

= \$ _____

Monthly Credit Card Gift:
= \$ _____ /per month x 12
= \$ _____

OR
One Time Credit Card Gift:

= \$ _____

= \$ _____ / _____ %

PAYROLL GIVING

If you are making a gift through payroll giving **this form must be filled out and signed. PLEASE DO NOT DETACH.** This section to be detached by a campaign volunteer and forwarded to your payroll office.

FULL NAME

ORGANIZATION

DEPARTMENT/SCHOOL

EMPLOYEE #

I AUTHORIZE THE DEDUCTION OF \$ _____ X NUMBER OF PAY PERIODS _____
OR PERCENTAGE OF SALARY _____

= \$ _____

DONOR SIGNATURE _____ **DATE** _____

AREAS OF ACTION - DIRECT MY GIFT

I WOULD LIKE MY GIFT TO ADDRESS A SPECIFIC AREA OF ACTION(S):



ISOLATED SENIORS

helping connect isolated seniors to healthy meals and companionship

\$ _____



FAMILIES IN NEED

strengthening local neighbourhood resources for families

\$ _____



DIVERSITY, EQUITY & INCLUSION

creating a strong, inclusive and safe community where everyone feels supported

\$ _____



MENTAL HEALTH & ADDICTIONS

providing counselling, outreach and peer support services for individuals struggling with mental health and/or addictions

\$ _____

PLEASE DIRECT MY GIFT TO WHERE IT IS NEEDED THE MOST

OPTIONAL: a portion of your gift may be designated to another registered Canadian charity. Minimum donation of \$40 per charity, two other charities maximum. A 10% cost recovery fee **per** designation to a maximum of \$100 **per** designation will be applied.

Canadian Charity Name

City

**Charitable Registration No.

Release my name to the charity for recognition:

Yes No

**In order for us to process your designation, you must provide us with a registered charity number. Visit www.cra.gc.ca for a listing of charities. If the information provided is incomplete, or the charity does not have a charitable tax number from CRA, your donation will be directed to United Way.

LEADERSHIP

If your gift is more than \$1,200 a year, we would like to recognize your donation. Please print your name as you would like it to appear. _____ No thank you, I would like to be anonymous

A \$1,200 gift to United Way may qualify you as a Women United member. For more information, check here

Planning Today, Helping Tomorrow

- I would like information about supporting United Way in my will or other estate plans.
- I have already made provisions in my will or other estate plans to support United Way.



THANK YOU!

United Way Southern Vancouver Island • 201-633 Courtney Street • Victoria BC • V8W 1B9 • 250-385-6708 • uwsvi.ca
Charitable Business Number 119278224RR0001

United Way is committed to protecting the privacy and confidentiality of your personal information. We do not share donor lists.
We safeguard your personal information. To see our complete privacy policy, please go to uwsvi.ca