

# GIFT FORM

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GOVERNMENT OF CANADA WORKPLACE CHARITABLE CAMPAIGN (GCWCC) | GCWCC.ORG | Questions? Call your local United Way



CANVASSER #

ORGANIZATION



This campaign is managed by United Way/Centraide

**1**  MR.  MRS.  MS.  DR. RANK \_\_\_\_\_ OTHER \_\_\_\_\_ DATE | Y | M | D |

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TEL. ( ) \_\_\_\_\_ REQUIRED FOR CREDIT CARD DONATIONS

CITY \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ AGE RANGE -18  18-24  25-40  41-55  +55

*For information regarding donor privacy policies, please contact your local United Way/Centraide.*

|   |                         |  |         |         |         |          |
|---|-------------------------|--|---------|---------|---------|----------|
| <b>LEADERSHIP GIVING</b><br>HOW MUCH DOES IT REALLY COST? | Based on 26 pay periods | GIFT →   | \$1040  | \$1560  | \$2600  | \$5200   |
|   |                         | COST/PAY PRE-TAX →                             | \$40    | \$60    | \$100   | \$200    |
|   |                         | *COST/PAY AFTER TAX →                          | \$23.59 | \$34.57 | \$56.54 | \$111.44 |
|   |                         | <i>*Average tax savings across the country</i> |         |         |         |          |

**2 THIS IS HOW I WANT TO DISTRIBUTE MY GIFT**

**A** IDENTIFICATION # 0 1 \_\_\_\_\_ SEE THE GCWCC CALENDAR

**UNITED WAY** — to distribute where it will have the greatest impact in my community \$ \_\_\_\_\_

AND/OR Direct the following amount to:

Services to alleviate poverty \$ \_\_\_\_\_

Seniors \$ \_\_\_\_\_

People with disabilities \$ \_\_\_\_\_

New Canadians \$ \_\_\_\_\_

Children, youth and families \$ \_\_\_\_\_

PAYROLL DEDUCTIONS 26 x \$ \_\_\_\_\_ = **A** \$ \_\_\_\_\_

**B** IDENTIFICATION # 0 1 5 5 5

**I want to CHOOSE HEALTH** by giving to:

Alzheimer Society of Canada \$ \_\_\_\_\_

ALS Society of Canada \$ \_\_\_\_\_

The Arthritis Society \$ \_\_\_\_\_

Canadian Cancer Society \$ \_\_\_\_\_

Canadian Cystic Fibrosis Foundation \$ \_\_\_\_\_

Canadian Diabetes Association \$ \_\_\_\_\_

Canadian Hemophilia Society \$ \_\_\_\_\_

Canadian Liver Foundation \$ \_\_\_\_\_

Crohn's and Colitis Foundation of Canada \$ \_\_\_\_\_

Heart and Stroke Foundation of Canada \$ \_\_\_\_\_

Huntington Society of Canada \$ \_\_\_\_\_

The Kidney Foundation of Canada \$ \_\_\_\_\_

The Lung Association \$ \_\_\_\_\_

Multiple Sclerosis Society of Canada \$ \_\_\_\_\_

Muscular Dystrophy Canada \$ \_\_\_\_\_

Parkinson Society Canada \$ \_\_\_\_\_

and/or to **HEALTHPARTNERS/PARTENAIRESANTÉ** to be shared with all 16 above \$ \_\_\_\_\_

PAYROLL DEDUCTIONS 26 x \$ \_\_\_\_\_ = **B** \$ \_\_\_\_\_

**C** **OTHER CANADIAN REGISTERED CHARITIES** (minimum \$25 per gift per charity) visit cra.gc.ca for a listing of charities IDENTIFICATION # 0 1 \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ BN/REGISTRATION # \$ \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ BN/REGISTRATION # \$ \_\_\_\_\_

PAYROLL DEDUCTIONS 26 x \$ \_\_\_\_\_ = **C** \$ \_\_\_\_\_

**3 TOTAL GIFT** **A** + **B** + **C** = \$ \_\_\_\_\_

**4** FOR LEADERSHIP GIFTS ONLY  DO NOT print my name in the Leadership Honour Roll

*Thank you*

**5 THIS IS HOW I WANT TO MAKE MY DONATION**

**PAYROLL DEDUCTION** complete section 6 below \$ \_\_\_\_\_

**CASH**  **CHEQUE**  **POST-DATED CHEQUE(S)** Make cheques payable to your local United Way/Centraide \$ \_\_\_\_\_

**CREDIT CARD**  Visa  MC  Amex Include your telephone number in Step 1

Card # \_\_\_\_\_ EXPIRY DATE MM/YY \_\_\_\_\_

Signature \_\_\_\_\_

**MONTHLY** credit card gift in the amount of \$ \_\_\_\_\_ for 12 consecutive months beginning in January.

**ONE-TIME** credit card gift in the amount of \$ \_\_\_\_\_

**6 \*FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION** To be detached by a campaign volunteer and forwarded to your payroll office. K

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PAYROLL OFFICE \_\_\_\_\_ DEPARTMENT CODE \_\_\_\_\_ PAY LIST \_\_\_\_\_ PRI \_\_\_\_\_

**INDICATE HERE HOW YOU DISTRIBUTED YOUR PAYROLL GIFT ABOVE.**

|                   |                   |                   |
|-------------------|-------------------|-------------------|
| <b>A</b> \$ TOTAL | <b>B</b> \$ TOTAL | <b>C</b> \$ TOTAL |
| 0 1 _____         | 0 1 5 5 5         | 0 1 _____         |

I authorize the deduction of \$ \_\_\_\_\_ X 26 pay periods, for a total gift of \$ TOTAL

DONOR'S SIGNATURE *X* \_\_\_\_\_ DATE Y | M | D

**NOTE: Box C has the same code as your local United Way because they process and distribute these gifts to the other registered charities.**

\*This information is used to authorize payroll deductions and direct your contributions. This information will be stored in personal information bank PSE 904.