

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.

LEADERSHIP GIVING HOW MUCH DOES IT REALLY COST?	Based on 26 pay periods	GIFT → \$1040	\$1560	\$2500	\$5200
		COST/PAY PRE-TAX → \$40	\$60	\$100	\$200
		*COST/PAY AFTER TAX → \$23.59	\$34.57	\$56.54	\$111.44

**Average tax savings across the country*

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.

A \$ TOTAL	B \$ TOTAL	C \$ 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 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.