



United Way
Newfoundland
and Labrador



1. HERE IS HOW I WOULD LIKE TO HELP MY COMMUNITY. Total Donation:

UNITED WAY NEWFOUNDLAND AND LABRADOR : Please invest my donation where it is needed most and will have the greatest impact. *United Way NL invests in programs and services that fall within the following three focus areas:*

\$ _____

All that Kids can Be; Poverty to Possibility; Healthy People, Strong Communities

AND/OR

I would like to donate to another registered charity (Please visit www.canada.ca for a full list of registered Canadian Charities)

Name of Charity : _____

\$ _____

Charitable Registration Number : _____

2. PERSONAL INFORMATION

Please provide the information below where we can **best** contact you if we need to connect regarding your donation.

NOTE: United Way NL does NOT share your personal information with 3rd parties.

Name: _____

Home Address: _____

City: _____ Prov. _____

Postal Code: _____

Personal Telephone: _____

Personal Email: _____

I wish to remain anonymous

3. THIS IS HOW I WANT TO MAKE MY DONATION

PAYROLL DEDUCTION

Please deduct \$ _____ x _____ Pay Periods = _____

Please accept the enclosed cash, or cheque payable to United Way NL

PLEASE USE MY CREDIT CARD (Select options from below)

Monthly Donation of \$ _____

ONE TIME donation of \$ _____

VISA MASTERCARD AMEX

CARD Number: _____

EXPIRY DATE: ____/____/____

CVV

ATTENTION !

If you are making your gift through payroll deduction, please fill out this section and ensure it is forwarded to your payroll department for processing!

Name: _____

Employer: _____

Department: _____

Employee # _____

I authorize my employer to deduct \$ _____ x _____ pay periods, for a total gift of \$ _____

(Amount should match TOTAL gift above)

Signature: _____

Date: _____