

CUPE Locals, 229, 254, 1302, General Staff, ONA, OPSEU, PSA, QUFA, USW

See Da I am p Home Address:	dership Giving:		
Employer:	eadership Giving Levels		
Prov:	proud to be a:		
Phone: ()	ader of the Way (\$1,200+)		
Phone: ()	rish to remain anonymous		
Personal Email:	u may acknowledge my t. Print it as:		
I am planning to retire over the next year. Please forward next year's pledge form to my home address. Payment Options:			
I am planning to retire over the next year. Please forward next year's pledge form to my home address. Payment Options:	ive jointly with my partner d wish to acknowledge our		
Option A: Payroll Deduction Please Deduct: S	mbined gift (please provide me & workplace of partner):		
Please Deduct: \$			
\$X	Option C: One-Time Giving Program		
Amount Pay Periods Annual Total Automatically renew this gift annually *Payroll deduction receipts will appear on your T4. Description B: Monthly Giving Program A monthly gift is deducted on the 15th day of every month and will continue unless otherwise instructed: *Amount Annual Total A cheque marked VOID is enclosed Please bill my Credit Card (below) *Monthly Giving Program receipts will be issued Dec 31. Credit Card Information: Please bill my credit card: Visa MasterCard American Express Card Number: Expiry Date: Campaign Volunteers: Please submit this portion of the form to your pay			
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Please bill my Credit Card Please bill my Credit Card (below) *Monthly Giving Program receipts will be issued Dec 31. Credit Card Information: Please bill my credit card: Visa MasterCard American Express Card Number: Payroll Copy: (Campaign Volunteers: Please submit this portion of the form to your payroll card in payroll	Cheque (made payable to United Way)		
□ Option B: Monthly Giving Program A monthly gift is deducted on the 15th day of every month and will continue unless otherwise instructed: **Receipts are issued for a gift of Acheque marked VOID is enclosed □ Please bill my Credit Card (below) *Monthly Giving Program receipts will be issued Dec 31. Credit Card Information: Please bill my credit card: □ Visa □ MasterCard □ American Express Card Number: □ CVV # (3 digit # on back of card) Payroll Copy: (Campaign Volunteers: Please submit this portion of the form to your payroll company to the form to your p	Please bill my Credit Card (below)		
□ Option B: Monthly Giving Program A monthly gift is deducted on the 15th day of every month and will continue unless otherwise instructed: \$ X 12 months = \$ Amount Annual Total □ A cheque marked VOID is enclosed □ Please bill my Credit Card (below) *Monthly Giving Program receipts will be issued Dec 31. Credit Card Information: Please bill my credit card: □ Visa □ MasterCard □ American Express Card Number: □ CW# (3 digit # on back of card) Payroll Copy: (Campaign Volunteers: Please submit this portion of the form to your payround in the form to your payround	E-Transfer (etransfer@unitedwaykfla.ca)		
A monthly gift is deducted on the 15th day of every month and will continue unless otherwise instructed: \$	Gift of Securities (Please contact your financial advisor, or download a copy of the transfer form		
**Receipts are issued for a growth and will continue unless otherwise instructed: \$	unitedwaykfla.ca/securities/		
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Payroll Copy: (Campaign Volunteers: Please submit this portion of the form to your pay			
	yroll department.)		
Name: Payroll Number:			
I authorize my employer to deduct \$ X = \$ (Amoun	nt to match total gift above)		
Donor Signature Date			

Donor	Choice:		
United	Way:		
I want my d	onation to have the maximum impact in our com	nmunity: \$	
☐ Impact	Areas:		
I wish to tar	get my donation to the following United Way in	npact areas (no processing fee):	
0	That Kids Can Be: ing children & youth reach their fullest potential.	\$	
	ong and Healthy Communities: porting personal wellbeing & strengthen neighbour	hoods. \$	
○ From	m Poverty to Possibility: ting basic human needs and moving people out of	poverty. \$	
A 5% pro	designate a gift to another registered Canadian Chacessing fee will be applied to all designations, and nose made to other United Ways.		·
		 \$	
Contin	te & Registration Number: Registration numbers and ca/en/services/taxes/charities.html ue the Tradition of Giving: ke more information about leaving a gift to United cluded United Way KFLA in my will		
With y	our support:	Leadership Giv	ving Levels:
	Children and youth start the school year with the food and supplies	Transformational	\$100,000+
	they need to succeed	Philanthropist Circle	\$25,000 - \$99,999
त्र	Individuals have access to mental health supports and community supports to help them feel connected	Platinum	\$10,000 – \$24,999
Also.		Gold	\$5,000 – \$9,999
	Meal and food programs, including takeout, food boxes and in-person meals are able	Silver	\$2,500 – \$4,999
	to support community members in need	Bronze	\$1,200 – \$2,499
	nformation on the impact of your gift visit edwaykfla.ca/communityimpactreport		
that peo of belo provi	Way Kingston Frontenac Lennox & Addir ople have the opportunity to reach their funding. Led by volunteers, driven by a smades inspiring opportunities for people to ugh volunteering, giving and being advocated	ull potential and live with hop all professional staff team, the get involved and support issu	e, dignity and a sense e United Way KFL&A les they care about
Donor	Copy:		
Total Donati	on \$ Date:	T	hank You ♡