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_____ Pension Number: ____ Name: ___ ____X____ I authorize my employer to deduct **\$** _____ = \$ ____ (Amount to match total gift above) Donor Signature

Date

United Way KFLA is committed to protecting the privacy of the personal information of its donors, members, employees and stakeholders. www.unitedwaykfla.ca/privacy-policy

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Donor Choice:			
United Way:			
I want my donation to hav	ve the maximum impact in our commun	ity: \$	
Impact Areas:			
I wish to target my donat	ion to the following United Way impac	t areas (no processing fee):	
O All That Kids Ca Helping children &	an Be: youth reach their fullest potential.	\$	
	althy Communities: Il wellbeing & strengthen neighbourhood	ls. \$	
From Poverty t Meeting basic human	o Possibility: an needs and moving people out of pove	erty. \$	
	t to another registered Canadian Charity I be applied to all designations, and a 5% ther United Ways.		
		\$	
I would like more inform	radition of Giving: nation about leaving a gift to United Way Way KFLA in my will	KFLA in my will	
With your sup		Leadership Giv	
Children and youth start the school year with the food and supplies they need to succeed		Transformational	\$100,000+
		Philanthropist Circle	\$25,000 - \$99,999
Individuals have access to mental health supports and community supports		Platinum	\$10,000 – \$24,999
to help them feel connected	- · · · ·	Gold	\$5,000 – \$9,999
	ood programs, including takeout, s and in-person meals are able	Silver	\$2,500 – \$4,999
	community members in need	Bronze	\$1,200 – \$2,499
For more information on t www.unitedwaykfla.ca/o	the impact of your gift visit communityimpactreport		
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that people have the opportunity to reach their full potential and live with hope, dignity and a sense of belonging. Led by volunteers, driven by a small professional staff team, the United Way KFL&A provides inspiring opportunities for people to get involved and support issues they care about through volunteering, giving and being advocates for people who are in vulnerable situations.

Donor Copy:

Total Donation **\$** ____

_____ Date: _____

____ Thank You ♡