

DONOR INFORMATION

Mr. Ms. Mrs. Miss Dr. Other _____

First Name _____ Initial _____

Last Name _____

Home Address _____

City _____ Postal Code _____

Province _____ Home Phone _____ Business Phone _____

Company Name _____

Email _____

When possible, please contact me via email.

DONATION

This year, my total donation is:

\$ _____

- I am proud to be a first time donor.
- Please send me more information on volunteer opportunities or other ways to be involved in making a better community for everyone.

METHOD OF PAYMENT – CHOOSE 1 OF THE FOLLOWING 3

1 Payroll Deduction

I would like to contribute the following amount each pay period.

\$

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X NUMBER OF PAY PERIODS

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I WANT TO GIVE ONE DAY'S PAY TO UNITED WAY

\$ _____

\$

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 Total

2 I would like to pay the full amount now.

- Cash (enclosed) Personal Cheque (enclosed, made payable to "United Way")
- Credit Card Visa MasterCard American Express

Card #: _____ Expiry Date: ____ / ____

3 I would like to pay over time.

- Monthly Quarterly (Jan, Apr, Jul, Oct)
- Other _____
- Beginning: _____

- Direct Debit (enclose void cheque) Postdated Cheques (enclosed, made payable to "United Way") Credit Card Visa MasterCard American Express

Card #: _____ Expiry Date: ____ / ____

SIGNATURE

 Please sign to confirm your gift.

Date: _____



United Way

THOMPSON NICOLA CARIBOO

Creating Opportunities for A Better Life for Everyone

YOU CAN HELP YOUR COMMUNITY BE STRONG BY GIVING TO ITS COMMUNITY FUND.

- I would like my gift to go to: \$ _____
- Cariboo Community Fund _____
- Chase Community Fund _____
- Kamloops Community Fund _____
- Logan Lake/Ashcroft Community Fund _____
- Merritt Community Fund _____
- North Thompson Community Fund _____
- Success By 6® _____
- Homelessness Action Plan (Kamloops) _____

YOUR LEADERSHIP GIFT SHOWS YOU ARE WILLING TO MAKE A SOUND INVESTMENT IN WHAT MATTERS IN YOUR COMMUNITY.

- \$500 - \$999 Leader of the Way
- \$1000 - \$2499 Community Builder
- \$2500 - \$4999 Pioneer
- \$5000 - \$9999 Patron
- \$10,000 - \$24,999 Benefactor

PLEASE DO NOT RECOGNISE MY LEADERSHIP GIFT

I wish to designate my gift to another registered Canadian Charity (cost recovery administration fee per designation):

Name: _____

Registered Charity # _____

United Way respects your privacy. Your information is collected to administer transactions and meet donor expectations. Please see our Privacy Policy at: www.unitedwaytnc.ca

THANK YOU!



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 Website: www.unitedwaytnc.ca

Registered Canadian Charitable Organization # 11927 8257 RR0001