A. PERSONAL INFORMATION

☐ Mr. ☐ Ms ☐ Mrs. ☐ Dr ☐ Male ☐ Female

FOR OFFICE USE ONLY			
Div	Constituent ID	Company ID	Env No

United Way

Full name		Birth year
Home address	City	Postal code
Home telephone	Home e-mail	
Company name		
Payroll number		
Work telephone	Work e-mail	

B. TOTAL GIFT

☐ **Please accept my gift of** $

☐ **I want to be a Leader of the Way** **$500**

☐ **I want to be an Everyday Hero** **$365 (1$1 per day)**

UNITED WAY GIVING OPTIONS:

☐ **Please invest my gift where it is needed most** $

I'd like to distribute all or a portion of my total gift above to:

☐ Kamloops Community Fund $
☐ North Thompson Community Fund $
☐ Merritt Nicola Community Fund $
☐ Cariboo Community Fund (South or North) $
☐ Chase Community Fund $
☐ Logan Lake/Ashcroft $

COPY 1 - UNITED WAY

COPY 2 - WORKPLACE (if applicable)

C. PAYMENT OPTIONS

☐ **Payroll giving** in equal installments for one year **OR** $ _____ x _____ pay periods

☐ **Pre-authorized payment** *(Min. $10/month)*
I authorize United Way to deduct $_____ from my bank account on the 15th day of each month, starting January 2008, for a period of one year. *(please attach a personal cheque marked void).*

☐ **Credit Card** ☐ Visa ☐ Master card ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐ ☐☐

CARD NUMBER EXPIRY

☐ One-time gift, immediately upon receipt at United Way (*Min. $25*)
☐ One-time gift on the 1st of (month/year)_____ (*Min. $25*)
☐ Monthly starting January 2008 through December 2008 processed on the 1st of each month (Min. $10/ month)

☐ **Cash/Cheque** (*Cheque payable to United Way*) Amount enclosed $_____

SIGN HERE _____ _____
SIGNATURE DATE

United Way recognizes and celebrates our Leadership donors:
LEADER OF THE WAY $500 - $999 **COMMUNITY BUILDER** $1000 - $2499 **PIONEER** $2500 - $4999 **PATRON** $5000 - $9999
If your total gift is $500 or more, you are a Leadership Donor and will be publicly recognized according to our Leadership levels.
Please indicate the following:

☐ For recognition purposes, I/we would like my name to be listed as _____
☐ Please do not publicly recognize my Leadership gift.

THANK YOU for your generous gift. This form is complete unless you choose to designate all, or a portion, of your gift.

(OPTIONAL) OTHER GIFTS

I want to designate a portion of my total gift above to another registered Canadian charity. (*Amounts, less a $ 7.50 fee per designation, will be forwarded .*

CHARITY CITY PHONE REGISTERED CHARITY # GIFT AMOUNT

_____ $_____

☐ I want my name to be forwarded to the designated charity (applicable only to total gifts of $500 or more). The charity will not be notified unless indicated here.

United Way of Thompson Nicola Cariboo is committed to protecting the privacy and confidentiality of your personal information. Your personal information is used only for United Way's and your organization's campaign; to administer your donation and contact you about renewal; to respond to your information requests; to know who our donors are; to periodically, as we are able, send you literature on United Way or invite you to recognition events and information sessions; and to thank you and recognize your gift. To see our complete privacy policy, please go to www.kamloops.unitedway.ca.