

WORKING WITH COMMUNITIES IN PRESCOTT-RUSSELL, OTTAWA, LANARK AND RENFREW COUNTIES

100% LOCAL

What's raised local, stays local.

363 Coventry Ottawa, ON K1K 2C5 613.228.6767 UnitedWayEO.ca

PERSONAL INFORMATION	PAYMENT OPTIONS
MR. MS. DR. MX Name Home address	PLEASE ACCEPT MY GIFT IN THE AMOUNT OF: \$ PAYROLL DEDUCTION Please deduct \$ X = \$ ANNIJAL TOTAL
City Prov Postal code	Please deduct \$ X _ = \$ ANNUAL TOTAL Please automatically renew my gift each year.
Telephone:	Please accept the enclosed cash or cheque payable to United Way Ottawa.
Employer:	☐ PLEASE USE MY CREDIT CARD ☐ I want to give a monthly donation of \$ on the 15 th each month.*
Employee #: Date of birth: Y YES, please recognize my gift as a United Way Donor in the annual Honour Roll. Please share my name and the amount of my gift with the organization(s) listed above.	☐ I want to give a one-time gift of \$ ☐ Visa ☐ Amex ☐ MasterCard CARD NUMBER
3 HERE'S HOW I WILL HELP MY COMMUNITY	
☐ United Way, please direct my donation where it's needed most and will have the greatest impact.	
And/or please target these areas: ☐ Helping homeless youth find safe, stable housing	☐ I want to designate part of my gift to another registered Canadian charity:——(\$ Minimum gift of \$26 required for this option.
☐ Assistance for people with\$ mental health challenges	Exact name of charity:
☐ Giving kids living in poverty a —— \$ safe place to go after school	Charity Registration (BN) #:
☐ Helping vulnerable seniors live ——\$ healthy, independent lives	☐ I want to initiate change through Women United: Support community-driven solutions that change lives through this women's giving initiative.──\$
	☐ I want to invest in Centraide Outaouais:
OTHER GIVING OPTIONS: If you would like more information about making a gift of stock, life insurance, or a bequest through your will please contact us at 613.228.6767 or visit uwco.ca/giving . United Way East Ontario offers a women's giving initiative called Women United —visit UnitedWayE0.ca/Women-United .	
ATTENTION DONOR: If you made your gift through payroll deduction, please fill out this section. EMPLOYEE CAMPAIGN COORDINATOR: Please detach and process with your payroll department.	
NAME EMPLOYEE #	I authorize my employer to deduct \$ X pay periods, for a total gift of \$ (amount should match TOTAL GIFT above)
DEPARTMENT Please automatically renew my gift each year.	Donor's signature Date