



**United Way**  
East Ontario

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

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

**Make a difference  
in your community.**

## 1) Personal Information

Mr.  Ms.  Mrs.  Dr.  Mx.

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone \_\_\_\_\_

Email:  Personal  Work \_\_\_\_\_

Employer \_\_\_\_\_

Employee # \_\_\_\_\_

Date of birth | | Y | | M | | D | |

YES, please recognize me as a United Way Donor in the annual Leadership Honour Roll.

Preferred name(s) for recognition: \_\_\_\_\_

## 2) Payment Options

Please accept my gift of: \$ \_\_\_\_\_

Select payment option below:

I wish to give through payroll deduction.

Please deduct

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
AMOUNT # OF PAY PERIODS ANNUAL TOTAL

Please automatically renew my gift each year.

Please accept my cheque made payable to United Way East Ontario.

Credit Card  Visa  Amex  Mastercard

I want to give a monthly donation of \$ \_\_\_\_\_ on the 15<sup>th</sup> each month.\*

I want to give a one-time gift of \$ \_\_\_\_\_

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date: | M | M | Y | Y | Signature \_\_\_\_\_

## 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.**  
Your donation will support the three focus areas below, tackling the toughest challenges across our region.

**All That Kids Can Be**

\_\_\_\_\_ \$ \_\_\_\_\_

Your donation will:

- Expand early learning, after-school, and summer programs for vulnerable children.
- Ensure parents and their kids get mental health and problematic substance use counselling.
- Provide youth and families facing homelessness with education, personal, and employment supports.

**From Poverty to Possibility**

\_\_\_\_\_ \$ \_\_\_\_\_

Your donation will:

- Support employment programs for Indigenous Peoples, under-represented youth, people with disabilities, and newcomers.
- Help people break the cycle of poverty and build skills like financial planning and tax literacy.
- Ensure vulnerable people get access to basic needs like nutritious food and utilities.

**Healthy People, Strong Communities**

\_\_\_\_\_ \$ \_\_\_\_\_

Your donation will:

- Help isolated seniors stay connected with remote and in-person programs, and caregiver supports.
- Strengthen mental health resources created by and for the communities they serve (such as: Indigenous Peoples, African, Caribbean, Black, as well as other racialized populations, 2SLGBTQ+, and rural residents).
- Increase counselling for people experiencing crisis, substance use disorders, and facing gender-based violence.

**United Way East Ontario's Women United** \_\_\_\_\_ \$ \_\_\_\_\_

Your donation supports Women United's work to address gender-based violence, empower women in leadership, ensure young mothers and their children have the tools they need to succeed, and build an equitable economic recovery. Learn more about membership levels and benefits at [UnitedWayEO.ca/Women-United](http://UnitedWayEO.ca/Women-United).

**GenNext East Ontario** \_\_\_\_\_ \$ \_\_\_\_\_

Mental Health. Youth Homelessness. Diversity and Inclusion. Equitable Employment. These are the areas we work in to advocate for change, rally for support, and ultimately, address the most pressing issues in our region. Learn more about our social impact movement at [GenNextEO.ca](http://GenNextEO.ca).

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 [UnitedWayEO.ca/Giving](http://UnitedWayEO.ca/Giving).

I want to designate part of my gift to another registered Canadian charity. Minimum gift of \$26 required for this option. \_\_\_\_\_ \$ \_\_\_\_\_

Exact name of charity \_\_\_\_\_

Charity Registration (BN) # \_\_\_\_\_

**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 \_\_\_\_\_

Employer \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_

Please automatically renew my gift each year.

I authorize my employer to deduct

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(amount should match TOTAL GIFT above)

Donor's signature \_\_\_\_\_

Date \_\_\_\_\_