



CANVASSER # \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ DATE \_\_\_\_\_

MR.  MRS.  MS.  DR. Rank/Other \_\_\_\_\_ Date of birth 

Y	M	D
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Name \_\_\_\_\_ Personal phone number ( ) \_\_\_\_\_ Required for credit card donations

Home address \_\_\_\_\_ Tel: Work ( ) \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Personal email \_\_\_\_\_ Required for Credit card donations, electronic tax receipt and/or to receive campaign updates

YES, I want to stay informed and connected with the GCWCC community.  
Don't forget to enter your personal email.

## GIFT DISTRIBUTION - Choose 1,2,3 or 4 (or combination of each)



UnitedWay.ca

### 1 MY LOCAL UNITED WAY

IDENTIFICATION # 

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 See GCWCC calendar for list of codes. PAYROLL DEDUCTIONS 

26	X
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 \$ = **1** TOTAL \$

### 2 OTHER UNITED WAY of \_\_\_\_\_

IDENTIFICATION # 

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 See GCWCC calendar for list of codes. PAYROLL DEDUCTIONS 

26	X
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 \$ = **2** TOTAL \$

### iii HealthPartners PartenaireSanté

HealthPartners.ca

### 3 I WANT TO SAVE LIVES AND HELP FIGHT DISEASE IN MY COMMUNITY. AND/OR to one or more of HealthPartners' members:

By donating to all 16 of its member charities _____	\$
Diabetes Canada _____	\$
Heart & Stroke _____	\$
Huntington Society of Canada _____	\$
Multiple Sclerosis Society of Canada _____	\$
Muscular Dystrophy Canada _____	\$
Parkinson Canada _____	\$
The Kidney Foundation of Canada _____	\$
The Lung Association _____	\$

ALS Society of Canada _____	\$
Alzheimer Society of Canada _____	\$
Arthritis Society _____	\$
Canadian Cancer Society _____	\$
Canadian Hemophilia Society _____	\$
Canadian Liver Foundation _____	\$
Crohn's and Colitis Canada _____	\$
Cystic Fibrosis Canada _____	\$

IDENTIFICATION # 01555 PAYROLL DEDUCTIONS 

26	X
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 \$ = **3** TOTAL \$

### 4 OTHER CANADIAN REGISTERED CHARITIES (minimum \$26 per gift per charity)

Visit [canada.ca/charities-list](http://canada.ca/charities-list)

ORGANIZATION or program if applicable \_\_\_\_\_ BN/REGISTRATION # \_\_\_\_\_ \$

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

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

IDENTIFICATION # 

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 Box 4 has the same code as your local United Way because it processes and distributes these gifts to the other registered charities. PAYROLL DEDUCTIONS 

26	X
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 \$ = **4** TOTAL \$

**TOTAL GIFT** **1** + **2** + **3** + **4** = TOTAL \$

FOR GIFTS ABOVE \$500  I do not wish to be recognized as a donor.

*Thank you*

## THIS IS HOW I WANT TO MAKE MY DONATION

PAYROLL DEDUCTION\* \_\_\_\_\_ \$

CASH  CHEQUE Cheque Number: \_\_\_\_\_ Cheque Date: \_\_\_\_\_ Make cheques payable to United Way - GCWCC \_\_\_\_\_ \$

CREDIT CARD  Visa  MC  Amex Include your personal telephone number and personal email in the address section at the top of this form.

Card # \_\_\_\_\_ EXPIRY DATE MM/YY \_\_\_\_\_

Signature  \_\_\_\_\_

MONTHLY credit card gift of \$ \_\_\_\_\_ for 12 months beginning Jan. 15 for a total of \_\_\_\_\_ \$

ONE-TIME credit card gift in the amount of \_\_\_\_\_ \$

**Other Giving Options:** For information on gifts of life insurance, stock or bequests, please contact your local United Way.

\*FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION

ATTENTION : Campaign Treasurers, process in accordance with the Treasurer's Guide's instructions

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ PRI/REG 

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### INDICATE HERE HOW YOU DISTRIBUTED YOUR PAYROLL GIFT ABOVE.

<b>1</b> TOTAL \$	<b>2</b> TOTAL \$	<b>3</b> TOTAL \$	<b>4</b> TOTAL \$
0 1	0 1	0 1 5 5 5	0 1

NOTE: For Box 4 insert the same code as your local United Way because it processes and distributes these gifts to the other registered charities.

I authorize the deduction of \_\_\_\_\_ \$ X 26 pay periods,  
for a total gift of \_\_\_\_\_ TOTAL \$

DONOR'S SIGNATURE  \_\_\_\_\_ DATE 

Y	M	D
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\*This information is used to authorize payroll deductions and direct your contributions. This information will be stored in personal information bank PSE 904. The GCWCC is committed to donor privacy. Personal information is not shared without written authorization or unless required by law. Visit [canada.ca/charitable-campaign](http://canada.ca/charitable-campaign).

