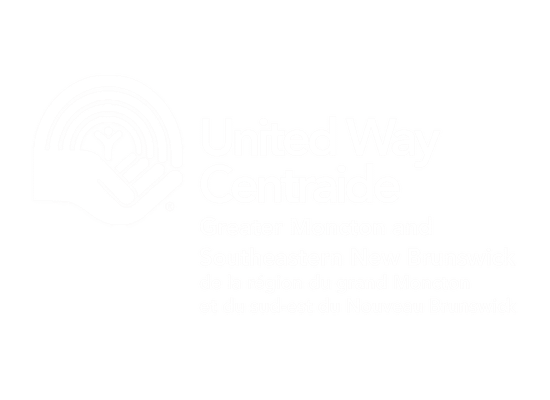
|  |  |  |  |
| --- | --- | --- | --- |
| **❶ Mes coordonnées** | | | |
| **Prénom :** | | **Nom de famille :** | |
| **Employeur :** | | | **No. (#) d’employé :** |
| **Adresse :** | | | |
| **Ville :** | **Province:** | | **Code postale:** |
| **Courriel :** | | **Téléphone :** | |



**Agissez ici, avec coeur.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **❷ Mon don** (Période de paies : Hebdomadaire : 52 paies • Bihebdomadaire : 26 paies • Bimensuel : 24 paies • Mensuel : 12 paies) | | | | | | | | | | |
|  | **Retenues salariales** | J'autorise mon employeur à déduire | | | $ | X |  | | = | 0.00 $ |
|  |  | | | *Montant par paie* | |  | *# de périodes de paie* | |  | **Don total** |
|  | **Argent / Chèque** | $ | |  | |  |  | |  |  |
|  | **Carte de Crédit** (Visa, Mastercard, American Express) | | | | | | | | | |
| Paiement ponctuel       $ | | | $      Paiement mensuel *les paiements sont traités le 15 de chaque mois* | | | | | | | |
| No. de carte de crédit | | | | | | Exp. MM/AA | | | | |
|  | **Débit direct / Don d’actions ou de titres :** communiquez avec notre bureau au 506-858-8600 | | | | | | | | | |
|  | Centraide peut me reconnaître comme donateur (à partir d’un don de 250$ +). Imprimer mon nom:  J’aimerais que mon don reste anonyme. | | | | | | | | | |
| **Signature :** | | | | | | | | **Date :** Cliquez pour entrer une date. | | |
|  | **Signature électronique -** En cochant cette case, je fournis ma signature légale. | | | | | | |  | | |

**Votre don reste ici et change des vies.**

**5 $ / paie –** 5 aînés resteront autonomes et se sentiront membres de leur communauté

**30 $ / paie -** Donne une chance à un jeune aux prises avec une dépendance de diminuer ou cesser de consommer de la drogue pour qu'ils soient prêts pour l'éducation et pour le travail**.**

**18 $ / paie -** 5 jeunes auront des adultes attentionnés qui les relient à des services qui contribuent à la réussite à l'école et dans la vie.

**45 $ / paie -** 10 jeunes auront accès à des soins de santé mentale continus fournis par des conseillers qui comprennent et aident avec des habiletés d'adaptation positives.

**United Way Saint John, Kings & Charlotte** | Charitable # 11927 8190 RR0001

28 Richmond St., Unit 301, Saint John, NB E2L 3B2 | 506.658.1212 | gina@unitedwaysaintjohn.com

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|  |  |  |
| --- | --- | --- |
| **❸ Distribution de mon don (Optionnel)** | | |
| **SVP utilisez mon don pour :** | | Je veux diriger une portion de mon don à un autre organisme de bienfaisance enregistré. Les frais administratifs sont de 5 %. Des frais supplémentaires de perte de promesse de don de 5 % sont appliqués aux déductions à la source. Les contributions désignées à un organisme de bienfaisance non enregistré seront placées dans le Fonds communautaire de Centraide. Montant : $      (Min. 25 $) |
|  | Soutenir les plus grands besoins de la communauté grâce au **Fonds communautaire Centraide**. |
|  | Briser le cycle de la pauvreté générationnelle | Organisme : |
|  | Aider les jeunes à s’épanouir | Numéro d’organisme de bienfaisance #: |

**Pour les services de la paie :** Créez une copie de chaque formulaire rempli pour Centraide et conservez l'original pour vos dossiers.

**Centraide de la région du grand Moncton et du sud-est du Nouveau-Brunswick** • Numéro d’organisme de bienfaisance : 11927 8455 RR0001  
22 rue Church, T210  Moncton, N-B •  E1C 0P7  •  (506) 858-8600  •  office@moncton.unitedway.ca  •  [www.gmsenbunitedway.ca/fr](http://www.gmsenbunitedway.ca/fr)

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**Instructions pour remplir le formulaire Don-É :**

**Section 1** – Remplir vos coordonnées dans les cases grises.

**Section 2:**

* Sélectionnez la case à cocher de votre méthode de don et complétez les case grises.
* Complétez la section de reconnaissance des donateurs (Optionnel – Pour les dons de plus de 250 $)
* Veuillez signer et dater électroniquement le formulaire \*\*\*ASSUREZ-VOUS DE COCHER LA CASE POUR LA SIGNATURE ÉLECTRONIQUE\*\*\*

**Section 3 (Optionnelle):** Sélectionnez comment utiliser votre don ou laissez les cases vides pour diriger votre don au Fonds Communautaire de notre Centraide afin de soutenir les plus grands besoins de la communauté.

**Soumettre le formulaire de don:** Sauvegardez une copie sur votre ordinateur ou imprimez une copie pour garder dans vos dossiers. Envoyez par la suite le formulaire au coordonnateur de campagne Centraide à votre lieu de travail et/ou à votre département de paie en suivant votre processus interne. Notre Centraide fera les arrangements nécessaires avec votre coordonnateur de campagne pour avoir les formulaires de don.