

# I believe in my community

Brant United Way



30 BRANT AVENUE, BRANTFORD, ON N3T 3G6  
TEL: 519.752.7848 FAX: 519.752.7913

EMAIL: info@brantunitedway.org WEBSITE: www.brantunitedway.org  
REGISTERED CANADIAN CHARITABLE ORGANIZATION BN 10680 7290 RR0001

PLEASE PRINT CLEARLY. COMPLETE IN FULL FOR PROCESSING AND RECEIPTING PURPOSES.

\*REQUIRED FOR CHARITABLE TAX RECEIPT

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>		
First Name*	Middle Name	Last Name*
Home Address*	Apartment Number	Home Phone (    )    -
City*	Province*	Postal Code*
Employer		Employee Number
<input type="checkbox"/> My Leadership gift of \$500 or more may be publicly recognized by the Brant United Way. I would like my name to appear as:		<input type="checkbox"/> Please ensure my Leadership donation remains anonymous.

## Yes, I believe in my community!

This is how I would like to help: (choose 1 of the following options)

Please make cheques payable to Brant United Way.

### PAYROLL DEDUCTION (based on 26 pay periods)

I authorize my employer to deduct the following amount from my pay cheque:

- \$2/pay (\$52/yr)  
 \$5/pay (\$130/yr)  
 \$10/pay (\$260/yr)  
 \$15/pay (\$390/yr)  
 \$20/pay (\$520/yr)  
 \$40/pay (\$1040/yr)

Other amount

\$ \_\_\_\_\_ x \_\_\_\_\_ # of pays per year

\$ \_\_\_\_\_ Total

### MONTHLY DONATION

I authorize Brant United Way to deduct the following monthly payments:

- Chequing  
\$ \_\_\_\_\_ / month (\$ \_\_\_\_\_ / year)  
(enclose a VOID cheque)
- MasterCard or Visa  
\$ \_\_\_\_\_ / month (\$ \_\_\_\_\_ / year)

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### ONE-TIME DONATION

- Cash (Enclosed)  
\$ \_\_\_\_\_
- Cheque (Enclosed – Payable to Brant United Way)  
\$ \_\_\_\_\_
- MasterCard or Visa  
\$ \_\_\_\_\_

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For gifts of securities/shares please call 519-752-7848

### OPTIONAL DONOR CHOICE

- I would like my donation to support the work of Brant United Way and its Member Agencies

Total Donation \$ \_\_\_\_\_

- I would like to direct my donation to another United Way community

Total Donation \$ \_\_\_\_\_

United Way: \_\_\_\_\_ BN # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- I would like to direct my donation to another registered Canadian charity

Total Donation \$ \_\_\_\_\_

Charity Name: \_\_\_\_\_ BN # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### DESIGNATION STATEMENT

- \$25 minimum donation required when directing your donation
- \$12 administration & processing charge applied to all designations other than to Brant United Way Member Agencies
- The charity you designate to support may wish to say thank you.

May we share your information with them?

Yes  No

Signature	Date
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**PRIVACY STATEMENT** United Way respects your privacy. Information provided by you or your employer will only be used in our campaign to receive your gift and respond to your information requests.

Thank you for supporting our community!