



1 My Information

Preferred Salutation: _____ Name: _____
First Last

Workplace: _____

Home Address: _____

City/Province: _____ Postal Code: _____

Email: _____ Phone: _____ Work Personal

My preferred contact method is: Email Phone **I am retiring soon, lets keep in touch!** *Please provide home address or personal email.*

2 My Donation

| | | |
|--|---|---|
| <input type="checkbox"/> PAYROLL DEDUCTION (most popular) I will contribute the following amount through payroll deduction: \$ _____ x _____ pay periods <small>per pay</small> TOTAL GIFT: \$ _____ <input type="checkbox"/> Yes, I authorize my employer to continue my payroll donation every year. I understand I may opt out at any time by notifying payroll. | <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Monthly Gift \$ _____ per month <input type="checkbox"/> One-time Gift TOTAL GIFT: \$ _____ Card #: _____ Exp. Date: _____ CVV #: _____ | <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <i>Please make cheques payable to United Way Niagara</i> <input type="checkbox"/> Automatic monthly withdrawal (void cheque) \$ _____ per month TOTAL GIFT: \$ _____ DID YOU KNOW? You can also make a Gift of Securities. For more information call United Way at 905-688-5050. |
|--|---|---|



Examples of what your donation could do

\$5 per pay

can fill the hunger gap for up to 300 children at school.*

\$10 per pay

can provide urgent mental health support to 8 people in crisis.*

\$15 per pay

can provide 2 people with safe emergency shelter and support services.*

\$20 per pay

can assist 10 people to secure and maintain a stable income source.*

\$50 per pay

can provide 151 hours of youth homelessness prevention support.*

Any amount

Every donation, no matter the size, makes an impact where it's needed most.

*These examples are based on the costs provided by agencies for service delivery. The numbers assume deductions are spread evenly across 26 pay periods per year.

3 My Recognition

Gifts of \$500 or more per year qualify for recognition in United Way's Honour Roll.

Please recognize me as: _____ Please keep my gift anonymous (I do not want public recognition)
You may combine your gift with your partner's gift for recognition purposes.

Please combine my gift with my partner's gift
Partner's full name: _____ Partner's workplace (if applicable): _____

Please only send me materials by email (please ensure you provide a valid email address above)

I have been giving to United Way for 20 years or more (includes other communities)

I have made a Legacy Gift to United Way in my Will

I would like more information on Legacy Giving through my Will

I would like more information on **WOMEN UNITED**

I would like more information on **GENNEXT**

| | |
|-------------------|--------------|
| SIGNATURE: | DATE: |
|-------------------|--------------|



➤ **FOR NEW DONORS** Make a first time donation of any amount and it will be matched dollar-for-dollar!



Your Gift

\$100



+ \$100



= \$200

20
24 New Donor Match

Providing up to an additional **\$25,000** in matching funds to support United Way.

➤ **FOR RENEWING DONORS**

Increase your donation to United Way Niagara by **10% or more** this year and The 10% Challenge will match the increase in your gift for greater impact!



Thanks to the incredible generosity of an anonymous donor, The 10% Challenge will match increases of 10% or more **up to \$50,000**. Your increased support will further strengthen United Way Niagara's Community Fund, making an even greater impact across the region.

4 My Impact (optional)

AREA OF GREATEST NEED IN NIAGARA REGION

AREA OF GREATEST NEED IN:

- Niagara Falls & Greater Fort Erie Community \$ _____
- St. Catharines & District Community \$ _____
- South Niagara Community \$ _____

Or apply your gift to a priority area:

- Children & Youth \$ _____
- Poverty \$ _____
- Strong Communities \$ _____

A thriving Niagara starts with you.

- I would like to direct a portion of my gift to another registered Canadian charity.
Amount: \$ _____
Charity Name: _____
Charitable Registration # (required): _____