



## 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

### ☐ PAYROLL DEDUCTION (most popular)

I will contribute the following amount through payroll deduction:

\$ \_\_\_\_\_ x \_\_\_\_\_ pay periods  
per pay

**TOTAL GIFT: \$** \_\_\_\_\_

☐ Yes, I authorize my employer to continue my payroll donation every year. I understand I may opt out at any time by notifying payroll.

### ☐ CREDIT CARD

☐ Monthly Gift  
\$ \_\_\_\_\_ per month  
☐ One-time Gift

**TOTAL GIFT: \$** \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

### ☐ CHEQUE ☐ CASH

Please make cheques payable to United Way Niagara

☐ 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**

Every donation, **of any amount**, makes an impact where it's needed most.

### **\$5 per pay**

can provide access to mental health and community supports for a vulnerable adult.\*

### **\$10 per pay**

can provide 10 hours of counselling for survivors of domestic violence and abuse.\*

### **\$20 per pay**

*Friend of the Way*

can provide 180 people in need with a nutritious meal.\*

### **\$50 per pay**

*Leader of the Way*

can provide a dozen shelter nights for at-risk youth and teens in Niagara.\*

\*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:**



**United Way**  
Niagara

**Gift matching opportunities**



## FOR NEW DONORS

Make a first time donation of any amount and it will be matched dollar-for-dollar!



New Donor Match  
2025



Your Gift

\$100



+ \$100



United Way  
Niagara

= \$200

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 Ratkovsky Wealth Management of RBC Dominion Securities 10% Challenge** will match the increase!



**Wealth Management**  
**Dominion Securities**

**Ratkovsky Wealth Management**

When you  
increase  
your gift



The 10%  
Challenge  
matches your  
increase

Thanks to the incredible generosity of **Ratkovsky Wealth Management of RBC Dominions Securities**, The 10% Challenge will match increases of 10% or more. 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  
\$ \_\_\_\_\_



**United Way**  
Niagara

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