



## \$ 10 a pay

Provides an opportunity for a person with a disability to enjoy an outdoor recreational experience.

## \$ 20 a pay

Provides a new bed, bedding and other household effects for someone who has been homeless and moves into a residential unit.

## \$ 50 a pay

Enables women in abusive situations 26 weeks of counseling to assist with helping them create a better life for both themselves and their children.

### 1. DONOR INFORMATION

Mr  Ms  Mrs  Miss  Dr  Other \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ I wish my gift to remain anonymous  Yes

For invitations to special events such as recognition and launches please contact me via Email  Yes  No

### 2. WAYS TO GIVE

**PAYROLL** giving amount per pay \$ \_\_\_\_\_ x \_\_\_\_\_ (number of pay periods) TOTAL GIFT \$

**CASH**  **CHEQUE**

Make cheques payable to United Way CSO

\$

**CREDIT CARD:**  Visa  Mastercard  American Express

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

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit CVC # \_\_\_\_\_

Signature \_\_\_\_\_

One Time Credit Card Gift \$

Monthly Credit Card Gift amount per month = \$

\$ \_\_\_\_\_ x12

Please provide your signature for credit card gifts.  Please continue my monthly donation until I ask you to stop.

### FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION

NAME:  FIRST  MIDDLE  LAST

DEPARTMENT NAME/CODE:  EMPLOYEE NUMBER:

I authorize the deduction of \$  x  pay periods, for a total gift \$

DONOR'S SIGNATURE

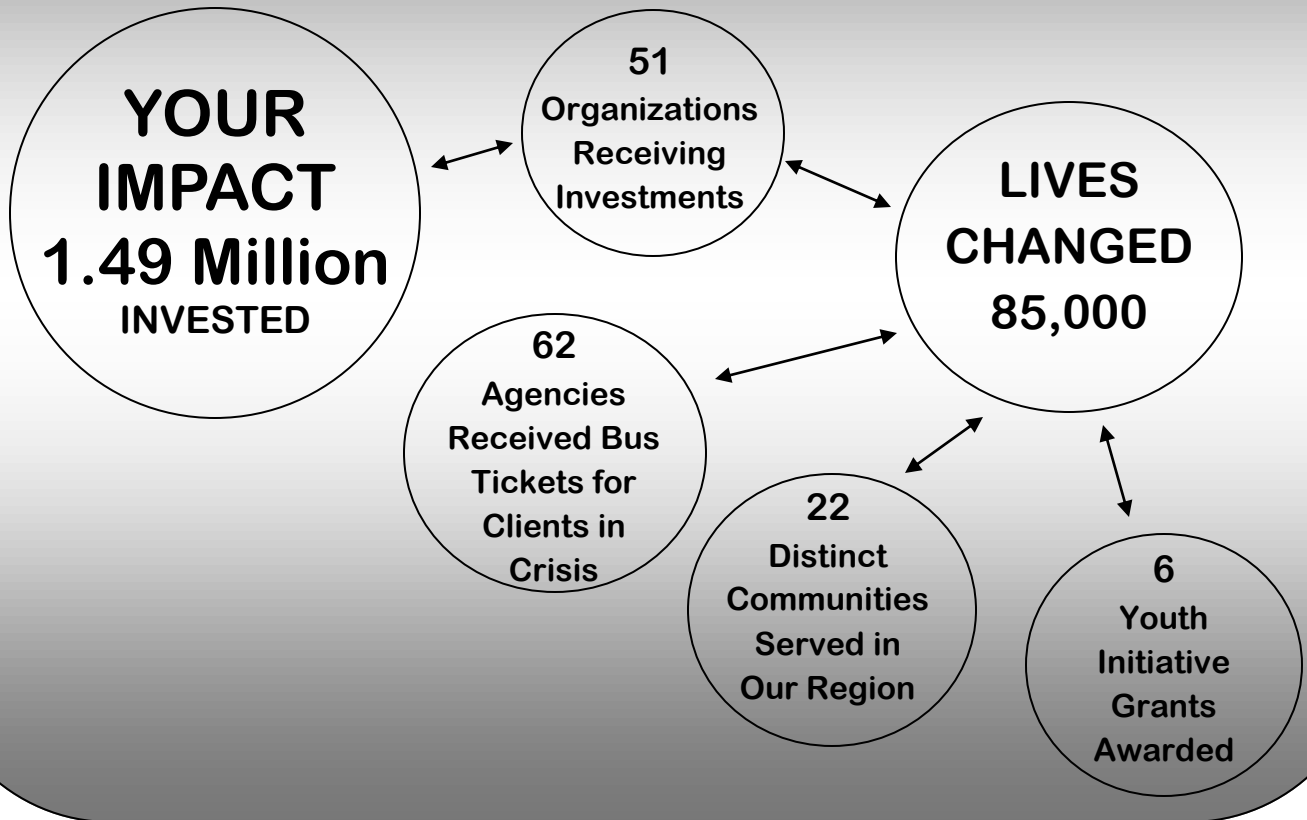
DATE

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This information is used to authorize payroll deductions and direct your contributions. This information is to be stored in payroll information system to ensure the donor's privacy.

# YOUR CONTRIBUTION MAKES AN IMPACT

Behind every changed life is someone who made it happen. In 2016, Donors like you changed the lives of 85,000 individuals, families and children/youth in our Region.



## 3. FOCUS AREAS

I would like my gift to address a specific focus area(s):

**KIDS**

Helping children reach their full potential

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

**POVERTY**

Moving people from poverty to possibility

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

**COMMUNITY**

Developing the capacity of people to care for themselves and their families

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

Optional: your gift or a portion of may be designated to another registered Canadian charity. Minimum \$20 per charity, \$12 cost recovery fee will be charged per designation.

Canadian Charity Name	City	Charitable Registration No.	Gift Amount
_____	_____	_____	_____
_____	_____	_____	_____

Release my name to the charity for recognition:

Yes  No



**Thank you!**  
**for supporting community through United Way.**

United Way Central & South Okanagan/Similkameen—202-1456 St. Paul St., Kelowna, BC V1Y2E6—250-860-2356—TF 1-855-232-1321—[info@unitedwaycso.com](mailto:info@unitedwaycso.com)—[unitedwaycso.com](http://unitedwaycso.com)

United Way CSO is committed to protecting the privacy and confidentiality of your personal information. We do not share donors lists. We safeguard your personal information, to see our complete privacy policy, please go to [unitedwaycso.com](http://unitedwaycso.com). We are CASL and PIPIDA compliant.

Charitable Business Number 10688 7441 RR 0001