



**United Way  
Centraide**  
Stormont, Dundas  
& Glengarry

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Cornwall, Ontario K6H 5T2  
Tel. 613-932-2051  
[www.unitedwaysdg.com](http://www.unitedwaysdg.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

I have been giving to United Way SDG for \_\_\_\_\_ years.  I'm retiring in the next few years.

Yes, you may include my name for donor recognition.  I wish to remain anonymous.

**We are committed to protecting your privacy. Information on our Donor Bill of Rights can be found on our website.**

## How do you want to give?



**CASH OR CHEQUE:** \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ attached.

**PRE-AUTHORIZED BANK DEBIT:** \$ \_\_\_\_\_ per month starting \_\_\_\_\_ / \_\_\_\_\_  
mm year

*Please provide a VOID cheque with this form. Deductions will occur on the 15th day of each month.*

**CREDIT CARD:** \$ \_\_\_\_\_ per  Month\* or  One Time = \$ \_\_\_\_\_

*\*Payments will occur on the last business day of each month.*

   Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**PAYROLL:** \$ \_\_\_\_\_  Weekly (x52)  Bi Weekly (x26) or  Monthly (x12) = \$ \_\_\_\_\_

*Please complete the form at the bottom for your Campaign Chairperson.*

**GIFTS OF SECURITY:** A United Way of SDG representative will contact you.

## Would you like to learn more about United Way of SDG?

Yes, I would like to receive email updates from United Way of SDG.

**Please select your interests:**

Volunteering  Community Impact  Upcoming Events  Fundraisers  United Way of SDG's work in the community

### A CHANCE TO WIN

# \$2000

Donate \$25+ for a chance to win! Get a second ballot if you increase your payroll or monthly donation from 2020/2021

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone:

### PAYROLL OFFICE

If you made your gift through Payroll Donation, please fill out this section and detach. This form will be processed by your Campaign Chairperson.

Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Department: \_\_\_\_\_

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

I authorize my employer to deduct:

\$  x  pay periods for a total

\$  (Total gift should match section above)

**Note:** If paying by cash or cheque, please have your Campaign Chair sign that they received your donation and keep this section as a temporary receipt