



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

2022 Campaign Donor Form

Employer: _____

1 Personal Information

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

- I have been giving to United Way SDG for _____ years.
- I'm retiring in the next few years.
- I wish to remain anonymous.
- Yes, you may include my name for donor recognition.

2 Payment Information

Cash or Cheque: \$ _____

Pre-authorized bank debit:

\$ _____ per month starting _____ / _____
mm yy

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

Credit Card: \$ _____

One time Monthly*

Card Number: _____

Expiration: _____ / _____  

Signature: _____ 

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

Payroll: \$ _____

Weekly x52 Bi-Weekly x26 Monthly x12

\$ Total _____

Please complete the form on the second page for
your Campaign Chairperson.

3 Would you like to learn more about United Way Centraide SDG?

Yes, I would like to receive email updates from my local United Way

I am interested in: Volunteering Events/Fundraisers Community Updates

A CHANCE TO WIN
\$2000

Donate \$25+ for a chance to win! Get a second ballot if it's your first donation or if you increase your donation from 2021.



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PAYROLL OFFICE

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

I authorize my employer to deduct:

\$ x = TOTAL \$
pay periods

(Total gift should match section above)

Name: _____

Employee #: _____

Department: _____

Signature: _____

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*