



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

2023 Campaign Donor Form

Employer: _____

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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: _____ / _____
mm yy



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

\$1000

MACEWEN GIFT CARD

Donate \$25+ for a chance to
win a \$1000 gift card from
MacEwen!

Donated by:





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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