United Way Centraide
Stormont, Dundas & Glengarry

2024/25 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: ____ (mm) / ____ (yy)

◯ ◯ ◯

Signature: _____

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

☐ **Payroll:** $_____

◯ Weekly x52 ◯ Bi-Weekly x26 ◯ Monthly x12

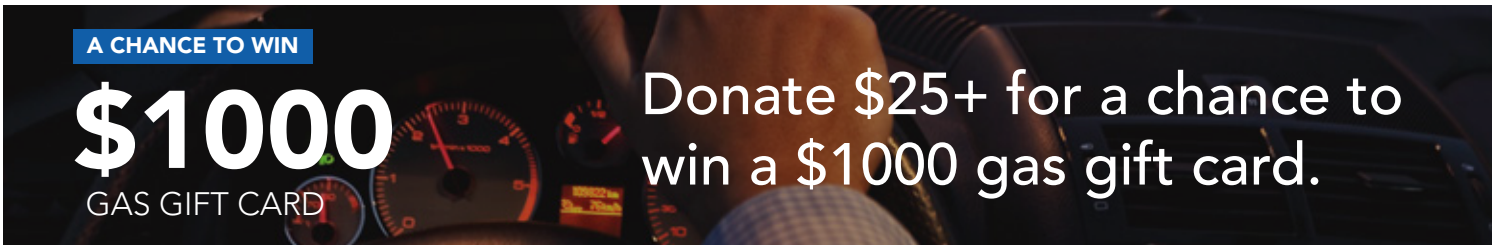
$ Total _____

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



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

United Way Centraide
Stormont, Dundas & Glengarry

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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*