



United Way Centraide

United Way of Central New Brunswick
 1A-385 Wilsey Rd., Fredericton NB E3B 5N6 (506) 459-7773
 office@unitedwaycentral.com www.unitedwaycentral.com Charity # 10816 0011 RR0001

United Way of Greater Moncton and Southeastern New Brunswick
 22 Church St., T210 Moncton, NB E1C 0P7 (506) 858-8600
 office@moncton.unitedway.ca www.gmsenbunitedway.ca Charity # 11927 8455 RR0001

United Way of Saint John, Kings and Charlotte
 28 Richmond St., Saint John, NB E2L 3B2 (506) 658-1212
 gina@unitedwaysaintjohn.com www.unitedwaysaintjohn.com Charity # 1192 8190 RR0001

1. Personal Information

Mr. Mrs. Ms. Dr. Please ensure my gift remains anonymous.

My United Way: Fredericton & Central NB Moncton & SENB Greater Saint John

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (W) _____ (H) _____ Email (H): _____

Dept: _____ Email (W): _____

2. My Gift

My total donation to United Way:

\$

OR

- Everyday Hero** \$14 bi/weekly (Annual Gift of \$365)
- Friend** \$25 bi/weekly (Annual Gift of \$650)
- Leader** \$47 bi-weekly (Annual Gift of \$1,200)
- Builder** \$77 bi-weekly (Annual Gift of \$2,000)
- Patron** \$115 bi-weekly (Annual Gift of \$3,000)
- Benefactor** \$192 bi-weekly (Annual Gift of \$5,000)

Thank you!

3. Method of Payment

Payroll Deduction

I authorize the deduction of \$ _____ X _____ = \$ _____
Amount per pay. # pay periods Total Donation

*Gifts by payroll deduction will be recorded on your T4.

Cheque or Cash

Cheque Cash Amount = \$ _____

Credit Card or Debit

Visit www.unitedwaycentral.com/donate-now/ to make a secure donation (**please include employer name and department in the comment section**) or call (506) 459-7773 for assistance.

4. Direct My Donation To

- United Way Community Fund:** Invest my gift where it is needed most.
- All That Kids Can Be:** Help kids in my community reach their full potential.
- Healthy People, Strong Communities:** Build a strong, healthy, and inclusive community.
- Poverty to Possibility:** End poverty in my community.
- Housing First:** End chronic and episodic homelessness in Fredericton.
- Other: \$ _____ I wish my gift to be directed to the following registered Canadian charity. Visit www.canada.ca/charities-giving.

Name: _____ Charitable Registration #: _____

IMPORTANT: For your Payroll Office

If you made your United Way gift through Payroll Deduction, please fill out this section. This form will be processed by your Employee Campaign Coordinator (ECC).

Name: _____ Employer: _____ Employee #: _____

I authorize the deduction of \$ _____ X _____ = \$ _____ Dept: _____
Amount per pay. # pay periods Total Donation

Signature: _____ Date: _____ ECC Signature: _____

(For cash donations only)