

Donation Form



1 MY CONTACT INFORMATION *Indicates Required Field

First Name* _____ Last Name* _____

Home Address* _____ City/Province* _____ Postal Code* _____

Contact Phone (____) _____ - _____ Contact Email _____
*Email required for electronic tax receipt or to receive campaign updates

Contact me by Email Phone – Language Preference English French

Yes I want to stay informed about campaign and United Way Central NB Yes I am a first time donor Yes I am retiring this year

Year of Birth _____ Employer Name* _____

2 MY DONATION You may select more than one option

United Way Community Fund: Invest my dollars in evaluated* high impact programs. \$

or I want to support one of the follow United Way investment areas:

Poverty: Hunger, Employment Skills, and Literacy \$

Kids: Positive Self-Empowerment, Recreation, and Academic Supports \$

Communities: Disabilities, Sexual Violence, Newcomers, and Mental Health \$

Housing First: A homelessness reduction strategy with supports for success \$

I want to support another registered Canadian charity and I understand this charity is not evaluated* by United Way.
A 5% processing fee is subtracted for each cash, cheque or credit card designation and 10% for payroll designations to cover the cost associated with your designation. For information on Canadian Charities, visit www.canada.ca/charities-giving

Specify Canadian Charity _____

Registered Charity Number** _____

*Evaluation includes diligence around financial stability, governance and sustainable impact against root causes.
**In order for us to process your designation, you must provide us with a registered charity number.

Forever Fund
Please consider a Planned Gift as part of your long-term tax, financial, and estate planning strategies.
 I have already made provisions in my estate or Will to support United Way.
 Please contact me about United Way gift and estate planning opportunities

MY TOTAL DONATION = \$

3 MY DONATION METHOD

PAYROLL DEDUCTION
I authorize the deduction of \$ _____ x _____ number of pay periods = \$
Between January - December

OTHER FORMS OF PAYMENT
 Cash Cheque* = \$

Visit www.unitedwaycentral.com/donate-now/ to make a secure donation via **Debit or Credit Card (please include employer name and department in the comment section)** or call (506) 459-7773 for assistance.
*Make cheques payable to United Way of Central NB - please attach to this form.

MY TOTAL DONATION (Should be the same as section 2) = \$

Tax Receipts
Tax receipts are issued by February 28th, except for payroll donations which will be recorded on Box 46 of your T4. Donations under \$20 are not eligible for tax receipts.

4 FOR YOUR PAYROLL OFFICE

Name* _____ Employee #* _____

Employer Name* _____ Department* _____

I authorize the deduction of \$ _____ x _____ number of pay periods = \$

Signature* _____ Date* _____ ECC Signature* _____
For cash donations only

THANK YOU

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Charitable #: 10816 0011 RR001