



CANVASSER #

ORGANIZATION

MR. MRS. MS. DR. RANK OTHER DATE Y M D

NAME FIRST MIDDLE LAST

HOME/MAILING ADDRESS

CITY PROV. POSTAL CODE

LANGUAGE PREFERENCE English French AGE -18 18-24 25-40 41-55 +55

TEL. ( ) Telephone and email required for credit card donations

EMAIL

Please provide your personal email/phone number so we can reach you in case of any issues in processing your donation.

Leaving the workplace? Contact a GCWCC representative at 1-877-379-6070 to find out how you can continue your support of the campaign.

GIFT DISTRIBUTION — Choose 1,2,3 or 4 (or combination of each)

Questions about fundraising costs? Contact your local United Way.



UnitedWay.ca

1 MY LOCAL UNITED WAY



I want the United Way Northwest Territories to distribute my funds where it will have the greatest impact in my community.

\$

AND/OR Direct the following amount to:

From Poverty to Possibility \$
All That Kids Can Be \$
Healthy People, Strong Communities \$

IDENTIFICATION # 0 1 4 0 5 See GCWCC calendar for list of codes.

PAYROLL DEDUCTIONS 26 X \$ = 1 \$ TOTAL

2 OTHER UNITED WAY of

IDENTIFICATION # See GCWCC calendar for list of codes.

PAYROLL DEDUCTIONS 26 X \$ = 2 \$ TOTAL

iii HealthPartners PartenaireSanté

HealthPartners.ca

3 I WANT TO SAVE LIVES AND HELP FIGHT DISEASE IN MY COMMUNITY.

AND/OR to one or more of the following:

Table with 2 columns: Organization Name and Amount (\$). Includes Alzheimer Society Canada, ALS Canada, The Arthritis Society, Canadian Cancer Society, Canadian Diabetes Association, Canadian Hemophilia Society, Canadian Liver Foundation, Crohn's and Colitis Canada.

Divide among all 16 organizations \$

IDENTIFICATION # 01555

PAYROLL DEDUCTIONS 26 X \$ = 3 \$ TOTAL

4 OTHER CANADIAN REGISTERED CHARITIES (minimum \$26 per gift per charity)

Visit cra.gc.ca for a listing of charities.

Table with 3 columns: ORGANIZATION or program if applicable, BN/REGISTRATION #, and Amount (\$).

IDENTIFICATION # 0 1 4 0 5 Box 4 has the same code as your local United Way because it processes and distributes these gifts to the other registered charities.

PAYROLL DEDUCTIONS 26 X \$ = 4 \$ TOTAL

TOTAL GIFT

1 + 2 + 3 + 4 = \$ TOTAL

FOR LEADERSHIP GIFTS (\$1000+) OR MAJOR GIFTS (\$5000+)

- DO NOT publish my name in the Leadership Honour Roll but DO send me information on events.
DO NOT publish my name in the Leadership Honour Roll and DO NOT send me information on events.

THIS IS HOW I WANT TO MAKE MY DONATION

PAYROLL DEDUCTION\* \$
CASH CHEQUE Cheque Number: Cheque Date: Make cheques payable to United Way - GCWCC \$
CREDIT CARD Visa MC Amex Include your personal telephone number and personal email in the address section at the top of this form.
Card # EXPIRY DATE MM/YY MONTHLY credit card gift of \$ for 12 months beginning Jan. 15 for a total of \$
Signature ONE-TIME credit card gift in the amount of \$

Thank you

\*FILL OUT THIS SECTION IF GIVING THROUGH PAYROLL DEDUCTION

ATTN: RETURN FORM FULLY INTACT TO CATHERINE KRAKOWIAK, CANNOR R

FIRST NAME LAST NAME PRI/REG

INDICATE HERE HOW YOU DISTRIBUTED YOUR PAYROLL GIFT ABOVE.

Table with 4 columns: Box 1 \$ TOTAL, Box 2 \$ TOTAL, Box 3 \$ TOTAL, Box 4 \$ TOTAL. Values: 0 1 4 0 5, 0 1, 0 1 5 5 5, 0 1 4 0 5

I authorize the deduction of \$ X 26 pay periods, for a total gift of \$ TOTAL

NOTE: For Box 4 insert the same code as your local United Way because it processes and distributes these gifts to the other registered charities.

DONOR'S SIGNATURE DATE Y M D

\*This information is used to authorize payroll deductions and direct your contributions. This information will be stored in personal information bank PSE 904. The GCWCC is committed to donor privacy. Personal information is not shared without written authorization or unless required by law. Visit www.gcwcc-ccmtgc.org.