



1 EMPLOYEE INFORMATION (please print clearly)

MR. MS. MRS. DR. OTHER _____ AGE GROUP: <20 21-40 41-50 51-64 65+

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE (H): _____ PHONE (B): _____

EMAIL: _____ COMPANY: _____

TITLE: _____ DEPT: _____

EMPLOYEE #: _____

2 MY TOTAL DONATION THIS YEAR IS \$ _____

Payment Method & Authorization

PAYROLL DEDUCTION

THE EASIEST WAY TO CONTRIBUTE

I would like to contribute the following amount each pay:

\$5 \$10 \$15 or \$ _____ x number of pays: _____ = \$ _____

Cash/ Cheque

CASH CHEQUE POST-DATED CHEQUE(S) Amount \$ _____

Please attach and make cheque(s) payable to United Way for the City of Kawartha Lakes

Credit Card

Amount \$ _____ VISA MasterCard
CARD # _____ EXP: _____

One time **OR** Monthly Quarterly Semi-annually

In equal payments of: \$ _____



SIGNATURE FOR CREDIT CARD PAYMENT

DATE

Note

Payroll Deduction Forms need to be completed every year

Thank You!

Donation by payroll deductions are recorded on your T4 slip. Tax receipts will automatically be issued by United Way for non-payroll donations of \$25 or more. For donations made through multiple or post-dated payments, a receipt will be issued at year-end.

3 RECOGNITION

Donating \$365 or more to United Way for the City of Kawartha Lakes makes you a Leadership donor. To ensure you are recognized appropriately in United Way publications and events, please choose one of the following:

I/We would like this donation to be recognized in the name(s) of: _____
FIRST NAME / LAST NAME – eg. John Smith

OR

Please ensure my donation remains **anonymous**

I have made provisions for United Way in my Will I would like more information about Planned Giving

4 FILL OUT THIS SECTION FOR PAYROLL DEDUCTION ONLY

TO BE DETACHED AND PROCESSED BY YOUR PAYROLL DEPARTMENT

FIRST NAME: _____ LAST NAME: _____
DEPT: _____ EMPLOYEE #: _____

I authorize the deduction of \$ _____ x number of pays: _____ for a total deduction of \$ _____.



SIGNATURE FOR PAYROLL AUTHORIZATION

DATE

Change starts here.

When you give to the United Way, you are helping frontline programs and services throughout the City of Kawartha Lakes meet the immediate, critical social needs of our community:

- Helping kids be all that they can be
- Moving people from poverty to possibility
- Creating healthy people, strong communities

To see your dollars at work and learn more about United Way, visit ckl-unityway.ca

Charitable donation tax receipt will reduce your federal and provincial income tax. For example:

Your Gift of	Total Tax Savings	Actual Cost to You	Percentage of Savings	Actual Cost per Week
\$100	\$20	\$80	20%	\$1.54
\$200	\$40	\$160	20%	\$3.08
\$500	\$161	\$339	32%	\$6.53
\$1,000	\$361	\$639	36%	\$12.28
\$1,500	\$562	\$938	37%	\$18.04
\$2,000	\$763	\$1,237	38%	\$23.79
\$5,000	\$1,968	\$3,032	39%	\$58.31
\$10,000	\$3,976	\$6,024	40%	\$115.85

NOTE: Income Tax savings are approximate and are for illustration purposes only. Please consult your professional financial advisor for information tailored to your own circumstances.

Complete this section ONLY if you have special instructions.	I would like to make my donation through United Way (minimum \$75).
AGENCY/ CHARITY: _____	*CHARITABLE BUSINESS #: _____
ADDRESS: _____	CITY: _____
PROVINCE: _____	POSTAL CODE: _____
Total amount (minimum \$75 per designation): \$ _____	
*To obtain the charitable business number for an organization, please visit www.cra-arc.gc.ca or call 1-800-267-2384.	
United Way provides the amount of your donation to the charity which you have designated a gift. If you would like us to include your name and workplace, please indicate in the box to the right. Your personal information is subject to the charity's own privacy policy.	<input type="checkbox"/> PLEASE FORWARD MY NAME

Committed to Protecting Your Privacy – The United Way for the City of Kawartha Lakes is committed to protecting the privacy and confidentiality of your personal information. The information you provide may be used to assist in the proper administration and acknowledgement of your gift, to issue tax receipts, and to periodically send literature on United Way or to invite you to events and/or information sessions and/or to fulfill your information requests with your expressed permission. If you have any questions please do not hesitate to call 705-878-5081. Our Charitable Registration number is: 10545 4508 RR0001



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 F: 705-878-0475
ckl-unityway.ca

Examples of your dollars at work:

- \$1 a week provides calculators, supplies and professional support for adults with learning disabilities / ADHD to develop financial literacy skills
- \$2 a week sends a SJA Therapy Dog and Handler weekly to a long term care facility
- \$3 a week can feed a person for one day a week through A Place Called Home
- \$5 a week provides a family to have regular yearly check-ups through CKL Community Care Low-Income Dental Program
- \$10 a week provide the screening, training, and monitoring of a match to provide an In-School Mentor to a child in one of our local elementary schools
- \$15 a week provides dinner for a youth for 5 days a week at Boys and Girls Club