



**1 EMPLOYEE INFORMATION** (please print clearly)

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

FIRST NAME: \_\_\_\_\_ LASTNAME: \_\_\_\_\_

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**

I would like to contribute the following amount each pay:

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

THE EASIEST WAY TO CONTRIBUTE

**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: \_\_\_\_\_ LASTNAME: \_\_\_\_\_

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-unitedway.ca](http://ckl-unitedway.ca)

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: _____	#: _____
PROVINCE: _____	CITY: _____
POSTAL _____	
Total amount (minimum \$75 per designation): \$ _____	CODE: _____
*To obtain the charitable business number for an organization, please visit <a href="http://www.cra-arc.gc.ca">www.cra-arc.gc.ca</a> 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



Behind every changed life is someone who made it happen

Together  
in CKL we helped:

**37,972 people**

**improve their health  
and wellbeing**

**living in poverty**

**children and youth  
develop skills, learn  
and play**

# Possibility



United Way for the City of Kawartha Lakes  
[ckl-unitedway.ca](http://ckl-unitedway.ca)  
705-878-5081