

GIFT FORM

GOVERNMENT OF CANADA WORKPLACE CHARITABLE CAMPAIGN (GCWCC) | WWW.GCWCC.ORG | 613-228-6700



This campaign is co-managed by United Way/ Centraide Ottawa and Centraide Outaouais

CANVASSEER # _____

1 MR. MRS. MS. DR. _____

NAME FIRST INITIAL LAST _____

HOME ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

TEL. () _____

E-MAIL _____

DATE _____ DD MM YY

LANGUAGE PREFERENCE ENGLISH FRENCH

AGE RANGE -20 20-29 30-39 40-49 50-59 +60

I will be leaving the workplace and wish to continue my involvement with the GCWCC. Please contact me to discuss my options.

The GCWCC is committed to donor privacy. Personal information is not shared without written authorization or unless required by law. Visit www.gcwcc.org

2 THIS IS HOW I WANT TO DISTRIBUTE MY GIFT

A IDENTIFICATION # 0 1 _____ SEE BACK OF CALENDAR

UNITED WAY/CENTRAIDE OTTAWA CENTRAIDE OUTAOUAIS

UNITED WAY/CENTRAIDE of _____

UNITED WAY — to distribute where it will have the greatest impact in my community \$ _____

AND/OR Direct the following amount to:

Individuals and families (basic needs) \$ _____

Children and youth \$ _____

Seniors \$ _____

Building community capacities \$ _____

Immigrants and new Canadians \$ _____

People with disabilities \$ _____

PAYROLL DEDUCTIONS 26 x \$ _____ = **A** \$ _____

B IDENTIFICATION # 0 1 5 5 5

HEALTHPARTNERS to distribute to all its 16 members \$ _____

AND/OR Choose from our member(s) below:

- Alzheimer Society of Canada
- ALS Society of Canada
- The Arthritis Society
- Canadian Cancer Society
- Canadian Cystic Fibrosis Foundation
- Canadian Diabetes Association
- Canadian Hemophilia Society
- Crohn's and Colitis Foundation of Canada
- Canadian Liver Foundation
- Heart and Stroke Foundation of Canada
- Huntington Society of Canada
- The Kidney Foundation of Canada
- The Lung Association
- Multiple Sclerosis Society of Canada
- Muscular Dystrophy Canada
- Parkinson Society Canada

\$ _____

\$ _____

\$ _____

\$ _____

PAYROLL DEDUCTIONS 26 x \$ _____ = **B** \$ _____

C OTHER CANADIAN REGISTERED CHARITIES (minimum \$20 gift per charity) visit cra.gc.ca for a listing of charities IDENTIFICATION # 0 1 0 0 1

Organization Fondation des services de santé d'Aylmer BN/Registration # 888791662RR0001 \$ _____

Organization _____ BN/Registration # _____ \$ _____

PAYROLL DEDUCTIONS 26 x \$ _____ = **C** \$ _____

3 TOTAL GIFT **A** + **B** + **C** = \$ _____

4 FOR LEADERSHIP GIFTS ONLY (gifts of \$1000 +) DO NOT print my name in the Leadership Honour Roll

Thank you

5 THIS IS HOW I WANT TO MAKE MY DONATION

PAYROLL DEDUCTION complete section below \$ _____

CASH CHEQUE POST-DATED CHEQUE(S) \$ _____ make cheques payable to United Way GCWCC

CREDIT CARD Visa MC Amex Include your telephone number in Step 1

MONTHLY credit card gift in the amount of \$ _____ for 12 consecutive months beginning Jan. 15

ONE-TIME credit card gift in the amount of \$ _____ Card # _____ expiry date mm/yy

GIFT OF STOCK to process, call United Way/Centraide Ottawa at (613) 683-3800

SEND ME INFORMATION ON GIFTS OF:

Life Insurance Stock Bequests

6 *FILL OUT THIS SECTION — DO NOT DETACH. FOR PAYROLL DEDUCTION ONLY, TO BE PROCESSED BY YOUR PAYROLL OFFICE. I _____

NAME FIRST INITIAL LAST _____

PAYROLL OFFICE _____ DEPARTMENT CODE _____ PAY LIST _____ PRI _____

INDICATE HERE HOW YOU DISTRIBUTED YOUR PAYROLL GIFT ABOVE.

A \$ 0 1 _____

B \$ 0 1 5 5 5

C \$ TOTAL 0 1 0 0 1

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

NOTE: Box C has the same code as United Way/Centraide Ottawa because they process and distribute these gifts to the other registered charities.

X _____ DATE _____

DONOR'S SIGNATURE

*This information is used to authorize payroll deductions, direct your contributions and, where required, for receipt issuance. This information will be stored in personal information bank PSE 904.