

SUPPORT YOUR UNITED WAY

PLEDGE FORM Please print clearly



United Way
Guelph Wellington
Dufferin

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
 Mr. Mrs. Ms. Miss Dr. (DD/MM/YY)

Address: _____ City & Province: _____ Postal Code: _____

Telephone: _____ Personal Email Address: _____
 Mobile Work Home Tax receipt will appear on your T4 or emailed to this address.

Employer Name: _____ Employee #: _____
 I am retiring in the next two years.

MY DONATION

I want to support programs and initiatives evaluated* by United Way for measurable impact in our community.

Direct my donation to where it is NEEDED MOST in the community

OR I WANT TO SUPPORT THE FOLLOWING UNITED WAY IMPACT AREA (CHOOSE 1)**:

- From Poverty to Possibility All That Kids Can Be Healthy People, Thriving Communities
 Rural Communities (Wellington & Dufferin Counties) Equity, Diversity & Inclusion

*Evaluation includes due diligence around financial stability and governance.

**Should the area you choose to designate your gift to be fully funded by the time of your donation, United Way will ensure your funds are directed to the next most urgent priority need.

MY DONATION METHOD

SHOW YOUR LOCAL LOVE! SUGGESTED GIVING LEVELS

Everyday Hero - \$1/Day \$365/yr
Emerging Leader - \$15/wk \$780/yr
Local Leader - \$24/wk \$1,248/yr

CHOOSE ONE OPTION Deductions take place between Jan-Dec of the following year

EASY PAYROLL DEDUCTION

I will contribute the following amount each pay period:

- \$2 \$5 \$10 \$15 \$20
 \$50 Other \$ _____

I am paid:

- Weekly (52) Bi-Weekly (26)
 Semi-monthly (24) Other _____
 One time payroll deduction \$ _____

Total gift \$ _____

AFFORDABLE MONTHLY GIVING

I authorize United Way to withdraw:

\$ _____ Each month

Select credit card:

- Visa Mastercard American Express

Bank Withdrawal
(attach void cheque)

_____/_____
Card # Exp

ONE TIME DONATION

I have enclosed cash or cheque payable to United Way Guelph Wellington Dufferin

I would like to make a one time donation by credit card

Total Gift \$ _____

Select one:

- Visa Mastercard
 American Express

_____/_____
Card # Exp

t. 519-821-0571 f. 519-821-7847 w. unitedwaygd.com
Charitable Registration Number: 10745 7053 RR0001

United Way Guelph Wellington Dufferin
85 Westmount Road
Guelph, ON N1H 5J2

By signing this form, you agree to allow United Way to retain your information, which may be used to contact you in the future. **Donor Privacy** - United Way Guelph Wellington Dufferin complies with the Association of Fundraising Professionals's Donor Bill of Rights and is committed to protecting the privacy of your personal information. The information you provide is used to assist in the administration and acknowledgement of your gift, to issue tax receipts, and to fulfill your information questions. We do not release donor names unless requested by the donor. **Tax receipts:** A tax receipt will be issued for \$20 or more. Payroll deductions will be receipted on your annual T4 statement by your employer.

SIGN AND DATE

Thank you for your generosity.
Please authorize your donation:

I wish to remain anonymous in any publication recognizing donors.

Signature:



Date:



Every day, people across our community struggle to build better lives for themselves and their families. These challenges are fuelled by serious social and economic barriers, including poverty, mental illness, and isolation.

Show your local love.

When you donate to United Way, you ensure a network of local programs are available to thousands of people in our community when they need support the most. Your investment helps people overcome poverty, support the success of children and youth and strengthen entire neighbourhoods.

Because of United Way:


26,243
 individuals accessed a local program that focuses on developing positive mental health.


12,466
 individuals in our community increased their sense of belonging and connectedness to community.


5,939
 older adults improved their social support and/or reduced isolation.


19,005
 individuals increased their access to sufficient nutritious, culturally appropriate, affordable food for oneself and/or one's family.


2,415
 children increased or maintained their self-esteem or self-confidence.

Payroll Deductions Calculator

	24 Pay Periods	26 Pay Periods
Everyday Hero (\$365/year)	\$15.20/pay	\$14.03/pay
Emerging Leader (\$780/year)	\$32.50/pay	\$30.00/pay
Local Leader (\$1,200/year)	\$50.00/pay	\$46.16/pay

TAX advantages of your gift*:

Your donation to United Way is tax deductible. The table below shows what your tax savings might be if you give to United Way.

Your gift of	Total tax savings	Actual cost to you
\$156 (\$3/wk)	\$31	\$125
\$260 (\$5/wk)	\$64	\$196
\$365 (\$1/day)	\$106	\$259
\$520 (\$10/wk)	\$168	\$352
\$1,248 (\$24/wk)	\$461	\$787
\$1,560 (\$30/wk)	\$586	\$974

*Ask your financial advisor for tax implications specific to your situation.

Thank You!

Stay up-to-date with United Way Guelph Wellington Dufferin!

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