

Change starts here.

GIVING TO UNITED WAY NWT

United Way Donations

Yellowknife Employees: send completed form to Payroll Office - DHR, 2nd Floor Laing Building

Regional Employees: send completed form to Human Resources Centre located in your region

1 MY CONTACT INFORMATION

UNITED WAY MEMBERSHIP NUMBER (IF KNOWN) _____

MS. MRS. MR. DR. FIRST NAME INITIAL (S) LAST NAME

HOME ADDRESS CITY / PROVINCE POSTAL CODE

W.PHONE () - H.PHONE * () - C.PHONE * () -

WORK EMAIL HOME EMAIL *

YEAR OF BIRTH * GENDER * F M *OPTIONAL

2 PAYROLL DEDUCTIONS

PLEASE CHECK ONE: NEW CHANGE

Payroll deduction (per pay period only), the easiest way to give! EMPLOYEE ID NUMBER: _____

I would like to contribute the following amount each pay period (minimum of \$2.00 per charity) _____ \$ (A)



How much does it really cost (based on 26 pay periods)

TOTAL GIFT	\$500	\$700	\$1,000	\$2,000	\$5,000
TAX CREDIT	\$171	\$257	\$386	\$817	\$2,108
ACTUAL COST	\$329	\$443	\$614	\$1,183	\$2,892
BI-WEEKLY PAYROLL DEDUCTION	\$19.23	\$26.92	\$38.46	\$76.92	\$192.31

A gift of \$1,000 or more distinguishes you as a United Way Leader. Your leadership will be recognized by United Way in publications such as our online Honour Roll. Print name(s) as you would like it to appear (eg. John and Jane Doe, The Doe Family, etc.)

I wish to remain anonymous.

3 DISTRIBUTION OF FUNDS

Of the total amount of contribution stated above, please distribute as follows:

1. Please give my gift to United Way NWT - Reg. Charity#: 890068547RR001 _____ \$

2. Optional: Other charitable giving/donor choice – I want to support another registered Canadian charity.
 A \$12.50 processing fee is subtracted for each designation. For information on Canadian charities:
<http://www.cra-arc.gc.ca/chrts-gvng/lstngs/menu-eng.html> or call 1-800-267-2384.

SPECIFY CANADIAN CHARITY _____ \$

REGISTERED CHARITY NUMBER _____
 In order for us to process your designation accurately, you must provide us with the registered charity number.

RELEASE MY NAME TO THE CHARITY FOR RECOGNITION:
 YES NO

3. TOTAL CAMPAIGN GIFT (MUST EQUAL (A) FROM SECTION 2) _____ \$

TAX RECEIPTS

RECEIPTS WILL NOT BE ISSUED FOR DONATIONS, AS THESE WILL APPEAR IN BOX 46 OF YOUR T4 SLIP.

4 SIGN AND DATE

(Please authorize your donation by signing below for all options)

SIGNATURE _____ DATE _____

