

# Change starts here.

Give. Volunteer. Act.



**United Way**  
Cape Breton

## 1 Your Personal Information

☐ MR. ☐ MRS. ☐ MS. ☐ MISS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Location \_\_\_\_\_

## 2 Please Give

☐ I want to give to United Way Cape Breton

\$ \_\_\_\_\_

☐ I want to give to United Way of \_\_\_\_\_

\$ \_\_\_\_\_

☐ Designate to another registered Canadian charity:

*Please note: there is a 15% administration fee for this service*

### Thank you for giving

Your gift of \$1,000+ or  
\$38.47 per pay (based on  
26 pay periods) distinguishes  
you as a Leadership Donor.

CANADIAN CHARITY NAME

CITY

REGISTERED CHARITY #

☐ Please check here if you do not wish to have  
your name released to the listed charity.

TOTAL GIFT \$ \_\_\_\_\_

## 3 Decide How To Give

☐ Payroll Giving

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

PAYROLL NO

I authorize my employer to deduct \$ \_\_\_\_\_ X \_\_\_\_\_ pay periods, for a total gift of \$ \_\_\_\_\_

(AMOUNT TO MATCH TOTAL GIFT ABOVE)

☐ To give via Credit Card, please visit <https://donate.unitedway.ca/index.php?WID=WCAPEB>

## 4 Authorization

☐ Click here to authorize your gift.