



Please consider increasing your donation by a toonie this year. It could mean a life change for someone. Thank you!



7A Oxford Street • Sault Ste. Marie, ON • P6B 1R7 • Ph: (705)256-7476 • Fax: (705)759-5899 • uwssm@ssmunityway.ca

**1 Please provide your full name and address for processing and receipting purposes:**

Mr.  Ms.  Mrs.  Miss  Dr.  None  I would like to volunteer for United Way, please contact me.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**2 Here's how I want to make my gift:**

My yearly donation is \$ \_\_\_\_\_  I would like to make an ongoing pledge until I notify United Way.

**Payroll Deduction** \$ \_\_\_\_\_ X number of pays: \_\_\_\_\_ = \$ \_\_\_\_\_ Total

**Cash / Cheque** (payable to United Way)

**Direct Debit** To have your pledge paid directly from your bank account, please attach a blank cheque, marked VOID. 12 Monthly payments of \$ \_\_\_\_\_.

**Credit Card**  VISA  Master Card  AMEX Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Single payment \$ \_\_\_\_\_ OR  Quarterly Payments of \$ \_\_\_\_\_ OR  12 Monthly Payments of \$ \_\_\_\_\_

**Gift Securities** – please speak with your financial advisor regarding new capital gains tax legislation.

Monthly installments will be processed on the 15<sup>th</sup> of each month. Receipts are automatically issued for gifts of \$10 and over. For multiple payments, one receipt will be issued at year-end. Donations by payroll deduction are recorded on T4.

**3 Join the Leaders of the Way Society**

Leadership Giving: United Way recognizes the exceptional generosity of donors giving \$1,000 or more.

- Leader \$1,000 - \$1,999 ▪ Patron \$2,000 - \$4,999 ▪ Benefactor \$5,000 - \$9,999 ▪ Pillar \$10,000 or more

My Leadership gift may be publicly recognized by United Way. Please print how you would like your name to appear: \_\_\_\_\_

Please ensure my Leadership gift remains anonymous.

**4 Yes! I want to Change Lives . . . the United Way**

I understand that experienced volunteers will distribute my contribution to the areas of greatest local need.

Or I wish to designate to the following areas:

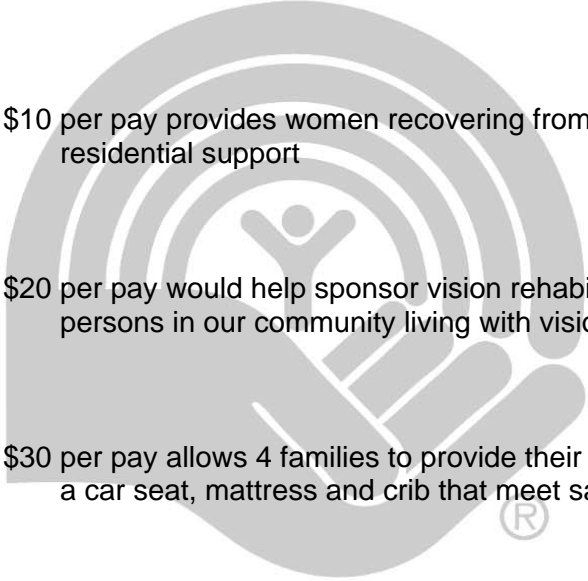
I want my gift to have a targeted impact to:  Health  Employment  Poverty  Youth Issues

United Way Member Agency/Program or other registered charity: \_\_\_\_\_

\* Designations to non-member agencies are subject to an 18% admin fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

We are committed to protecting your privacy. The information you or your employer provide may be used by United Way of Sault Ste. Marie to properly administer and acknowledge your gift, to issue tax receipts, to communicate with you and to fulfill your information requests. For complete details of our privacy policy go to [www.ssmunityway.ca](http://www.ssmunityway.ca). Registered Charitable #10816 0300 RR0001



\$10 per pay provides women recovering from chemical dependency 20 hours of residential support

\$20 per pay would help sponsor vision rehabilitation services and equipment for 4 persons in our community living with vision loss

\$30 per pay allows 4 families to provide their newborn a safe, secure start in life with a car seat, mattress and crib that meet safety requirements

\$40 per pay presents 7 classroom presentations of Its Not Your Fault (Abuse Prevention Program for Youth) potentially reaching 162 youth

**United Way**  
of Sault Ste. Marie & district

Without  
you, there  
would be <sup>no</sup> Way.