

Name \_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City & Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_



Language preference  English  French

Age range  -20  20-29  30-39  40-49  50-59  60+

For information, please call 613-228-6755.

**TO HELP BUILD A STRONG, HEALTHY AND SAFE COMMUNITY FOR ALL, I WILL GIVE:**

**I CHOOSE UNITED WAY/CENTRAIDE OTTAWA TO MAKE THE GREATEST IMPACT.**

I want to ensure my gift goes where it is needed most. \$ \_\_\_\_\_

AND/OR

**I CHOOSE TARGETED IMPACT.** I want my gift to be invested in United Way/Centraide Ottawa's impact areas.

Promoting healthy development for <b>children and youth</b> .....	\$ _____
Reducing isolation and enhancing seniors' <b>quality of life</b> .....	\$ _____
Reducing barriers and increasing participation for <b>people with disabilities</b> .....	\$ _____
Strengthening <b>individuals and families</b> in times of need and crisis .....	\$ _____
Reducing barriers and increasing engagement for <b>new Canadians and immigrants</b> .....	\$ _____
Strengthening <b>agency, neighbourhood and community capacity</b> .....	\$ _____

**TOTAL GIFT**      Receipts automatically issued for gifts of \$20 or more. \$ \_\_\_\_\_

I want to designate \$ \_\_\_\_\_ of my gift to a specific United Way/Centraide-supported agency/organization or another registered Canadian charity.  
(A minimum gift of \$25/charity is required for this option.)

LiveWorkPlay 896222775RR0001

specific name and registered charity number

I do not want my gift to be distributed to the following supported agency or organization:

\_\_\_\_\_

specific name and registered charity number

**THIS IS HOW I WANT TO MAKE MY DONATION:**

**CASH OR CHEQUE** (ATTACH CASH OR CHEQUES(S))

cash

\$ total cash

cheque

\$ total cheque

post-dated cheque(s)

\$ total cheques

Make cheque(s) payable to United Way/Centraide Ottawa.

**CREDIT CARD**  Visa  MasterCard  Amex

One-time gift in the amount of \_\_\_\_\_ →

\$ total

\_\_\_\_\_ card number

\_\_\_\_\_ expiry date mm/yy

**MONTHLY GIVING\*** A minimum gift of \$10.00/month is required for this option.

**CREDIT CARD**  Visa  MasterCard  Amex

Monthly gift in the amount of \$ \_\_\_\_\_ for 12 consecutive months beginning Jan. 15.

\$ annual total

\_\_\_\_\_ card number

\_\_\_\_\_ expiry date mm/yy

**PRE-AUTHORIZED BANK WITHDRAWAL**

United Way/Centraide is to withdraw a monthly gift of \$ \_\_\_\_\_ beginning Jan. 15.

\$ annual total

Attach VOID CHEQUE.

\* 1. This monthly deduction will continue until United Way/Centraide Ottawa is notified of any changes.

2. United Way/Centraide Ottawa will issue **one receipt** for all monthly donations made in a calendar year, at the end of the calendar year.

**GIFT OF STOCK/OTHER GIFT OPTIONS\***

I want to make a gift of stock \_\_\_\_\_ →

\$ approx. value

I want to make a gift of:

Life Insurance  Bequest  Named Endowment Fund

\$ approx. value

I have included United Way/Centraide Ottawa in my will.

Please send me more information on the above gift options.

\* To process these gifts, you must call 613-683-3800.

United Way/Centraide Ottawa is committed to donor privacy. Personal information is not shared without written authorization or unless required by law. Visit [www.unitedwayottawa.ca/English/privacy.php](http://www.unitedwayottawa.ca/English/privacy.php).

BN 108 160 250 RR0001

**SIGNATURE**



\_\_\_\_\_ Signature

\_\_\_\_\_ Date



*Thank you*

*Your gift is building community and changing lives.*