



Name: _____ Date of Birth: dd / mm / yyyy

Employer: _____ Account #: _____

Phone: () _____ Cell: () _____

Leadership Giving:

For Leadership Giving Levels
see back.

I am proud to be a:

Leader of the Way (\$1,200+)

I wish to remain anonymous

You may acknowledge my
gift. Print it as:

I give jointly with my partner
and wish to acknowledge our
combined gift (please provide
name & workplace of partner):

Payment Options:

Option A: Pension Deduction

Please Deduct:

\$ _____ X _____ = \$ _____
Amount Pension Periods Annual Total

Automatically renew this gift annually

*Pension deduction receipts will appear on your T4A.

Option B: Monthly Giving Program

A monthly gift is deducted on the 15th day of every
month and will continue unless otherwise instructed:

\$ _____ X 12 months = \$ _____
Amount Annual Total

A cheque marked VOID is enclosed

Please bill my Credit Card (below)

*Monthly Giving Program receipts will be issued Dec 31

Option C: One-Time Giving Program

Total Amount: \$ _____

Cash (enclosed)

Cheque (made payable to United Way)

Please bill my Credit Card (below)

E-Transfer (etransfer@unitedwaykfla.ca)

Gift of Securities (Please contact your financial
advisor, or download a copy of the transfer form
from our website www.unitedwaykfla.ca/securities/)

*Receipts are issued for a gift of \$20 or more.



Scan Here to Donate

andonweb.unitedwaykfla.ca/QURetiree

Credit Card Information

Please bill my credit card: Visa MasterCard American Express

Card Number: _____

Expiry Date: _____ CVV (3 digit # on back of card): _____

Name: _____ Pension Number: _____

I authorize my employer to deduct



Donor Choice:

