Wa	nited Way Iterloo Region mmunities	<b>2023 DON</b> Charitable Registration		RM R0001	A tax receipt will be issued for a donation of \$20 or more.
Name:					If you choose to donate via payroll/pension
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Phone (H):		Province:			home address on this
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Employer:	University of Waterloo	Employee #:			you. The United Way does not share mailing lists.
O I am reti	ring in the next 12 months	O I am retired			
Deadline: To	o allow us to process your o	lonation during our 2023	campaign, please mail	this form by Decemb	<u>er 1</u>
Donate us	ing one of our 3 easy r	nethods below:			
Pavroll/Pen:	sion Deduction (Begins Janua	arv 2024)			
_	ze the University of Waterlo	-	er pay ending on	(DATE) for a tot	al donation of \$
_	ze the University to deduct \$		tinuously until notifie	d otherwise.	
	choose to pledge by payroll		-		
<ul><li>Please ha</li><li>Cash/Cl</li></ul>	nation (A tax receipt will auto ave United Way mail me my neque (enclosed): \$ Card () Visa () MC	tax receipt for non-payroll/ (payable to Un	pension deductions	not provide one, it will be	sent to your home address )
		Card #:		Evniry	(MM/YY):
		Name on card:		CVV:	IVIIVI/ 1 1).
Deadline: To	o receive your tax receipt for		mail this form by <b>De</b>		
By completin	nequing/Credit Card Donat ng this donor form, I am au nation from my chequing ac	Annual/monthly contributions by pre-authorized chequing or credit card will continue until United Way receives notification of any changes. For changes			
Pre-authorized Chequing (please include a VOID cheque) please email info@uwaywrc.ca or call   Amount to be deducted: \$ O Annually O Monthly					
O Credit		-	- Montiny	the full credit card number, expiry date, and CVV is required in order to process the donation	
Amount	to be deducted: \$	O Annually	O Monthly		
Card #:			Expiry (MM/YY):		
Name or	n card:		CVV:		



Authorization (please sign and date for any donation method)

Signature:

Date:





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O My gift may be publicly recognize	d by United Way.	
I would like my name to appear as	S: ex: Joe Smith, or Mary and John Brown	
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O Designate your gift to a specific cau	se area (if left blank, your gift will be	designated to the General Community Fund)
O Food insecurity O Af	fordable housing and homelessness	O Mental health and addictions
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Total gift: \$		
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To learn more about the disbursement of donations, visit uwaterloo.ca/united-way/faq

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UWATERLOO UNITED WAY WORKPLACE CAMPAIGN OFFICE

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**Thank You!** 

