



United Way
Winnipeg

PLEDGE
FORM INSIDE

Make your
pledge!

We are all
WINNIPEG 



TURN THE PAGE TO SUPPORT OUR CITY

Our community thrives when we work together and support each other. Let's make sure all Winnipeggers have opportunities to succeed. Your donation can make a difference in many ways:



MENTAL HEALTH & ADDICTION SUPPORT

You can connect up to 50 youth with one hour of online mental health support each week, so they **have someone to talk to about their challenges.**

80% of people who get support for mental health issues are able to successfully return to regular activities.

FAMILY SUPPORTS

You can help five women learn new stress management skills and build healthy relationships with their families in a **month-long group therapy program.**

Our donors support 36 agencies in Winnipeg that provide counselling and wellness services.



JOB READINESS & TRAINING

You can provide a person facing barriers to employment with one hour of business coaching **to help get a job.**

90% of participants had increased knowledge and tools needed to secure and maintain jobs.



We are all Winnipeg—nobody should have to struggle alone!



Name _____

1 Home Address _____

City _____ Province _____

Postal Code _____ Phone (H) _____ (W) _____

Company Name _____

Email (Home) _____

Email (Work) _____

OPTIONAL Mr. Ms. Mrs. Dr. Other _____

To help us better understand our donors, please respond to the following:

- I prefer to remain anonymous.
- I prefer to be contacted by email when appropriate.
- I was born in (year): _____
- I am/will be retiring from my workplace in _____ and want to stay connected with United Way Winnipeg.
- I am interested in more information about United Way Winnipeg's endowment fund.
- I am a member of a trade union.
Union _____ Local _____

2 **YES, I WANT TO HELP BUILD A BETTER FUTURE FOR WINNIPEG!**

I'd like to make an annual gift of

\$

Registered Canadian Charitable Organization #119278513RR0001

3 THIS IS HOW I WANT TO MAKE MY DONATION

Payroll Deduction

Fill out section 5 below and forward it to your payroll office.

Other

- Cash (enclosed)
- Personal Cheque* * enclosed, made payable to United Way Winnipeg
- Post-dated Cheques*

Credit Card

- Visa MasterCard American Express

Card # _____ CVV: _____

Expiry Date _____ / _____

- In Full Monthly (1st, 15th)
- Quarterly (Jan, Apr, Jul, Oct)
- Beginning _____ DATE

4 Signature _____ Date _____

THANK YOU!

- For tax purposes we require a home address. Please ensure it is current and correct above.
- Tax receipts for donations of \$20 or more will be emailed after December 31.
- To update your email address, please contact Donor Services at donorservices@unitedwaywinnipeg.ca or 204-924-4275.
- For donations made through payroll deduction, your charitable giving will be included on your T4.

DETACH ALONG PERFORATION

5 THIS SECTION REQUIRED FOR Payroll Deduction ONLY

Detach and forward to your payroll office

I authorize the deduction of \$ _____ per pay period for a **TOTAL GIFT** of \$ _____

Name _____ Organization _____

Signature _____ Date _____

Employee Number _____

DETACH ALONG FOLD

YOUR GIFT WILL TRIGGER TAX CREDITS THAT CAN SAVE YOU MONEY

Your gift will result in a non-refundable tax credit. This table represents approximate savings.

	ANNUAL GIFT	TAX SAVINGS*	NET COST
FRIENDS	\$100	\$26	\$74
PARTNERS	\$365	\$128	\$237
	\$550	\$214	\$336
	\$730	\$298	\$432
LEADERS OF THE WAY	\$1,200	\$516	\$684
	\$2,400	\$1,072	\$1,328
	\$3,600	\$1,629	\$1,971

*Approximate

Optional Complete this section **ONLY** if you have special instructions to designate your gift.

My gift to United Way Winnipeg for

Help where it's needed most \$ **A**

AND/OR Additional support for more:

Mental health and addiction support \$ **B**

Family supports \$ **C**

Job readiness and training \$ **D**

My total **(A+B+C+D)** gift to *United Way Winnipeg* is: *(this will be your United Way Winnipeg recognition level)* \$

My gift(s) to other charities

As an additional convenience, United Way Winnipeg offers donor-directed giving. Please note there is a cost recovery fee of **\$12** for each designation.

*Please print the registered charity name(s) and registered charitable number(s) in full. ***

I would like United Way Winnipeg to forward the specified amounts to the following:

1. Charity's name:
Registered charitable number: \$ **E**

2. Charity's name:
Registered charitable number: \$ **F**

3. Charity's name:
Registered charitable number: \$ **G**

Please don't forward my name to designated charity/charities.

GRAND TOTAL (A+B+C+D+E+F+G) *(this should equal the total amount of gifts shown on previous page)* \$

**** To ensure the charity's legal name and charitable number are correct, please check <http://www.cra-arc.gc.ca/chrts-gvng/lstngs/menu-eng.html>**

