



United Way
City of Kawartha Lakes

United Way for the City of Kawartha Lakes

50 Mary Street West, Lindsay, ON K9V 2N6

T: 705-878-5081

F: 705-878-0475

W: ckl-unityway.ca

Charitable Registration Number: 105454508RR0001

\$10 a week

Provides an In-School Mentor to a child in one of our local elementary schools.

\$5 a week

Will assist an individual with budgeting skills so they have money for food throughout the month.

\$1 a week

Provides training for mentors to support job seeking youth.

DONOR INFORMATION

Full Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Phone (Home) _____ Phone (Work) _____

Email _____ Company _____

MY GIFT TO UNITED WAY IS

\$

Please complete one of the payment options below:

PAYROLL DEDUCTION

I authorize my employer to deduct \$ per pay period for _____ pay periods.

* If you are giving through payroll deduction please complete the section at the bottom of the page.

PAY OVER TIME

I authorize United Way to withdraw \$ each month.

Monthly (for 12 consecutive months)

Monthly Automatic Renewal

(I understand my monthly donation will continue until I notify United Way of any changes.)

Select credit card or attach a void cheque

Visa Mastercard

_____/____/_____
Card #: _____ Exp: _____

PAY NOW

I have enclosed cash or a cheque payable to United Way for the City of Kawartha Lakes.

I would like to make a one time donation by credit card.

Select one

Visa Mastercard

_____/____/_____
Card #: _____ Exp: _____

PLEASE SEE BACK OF PLEDGE FORM FOR YOUR PERSONAL DESIGNATION OPTIONS.

IMPORTANT: If you choose payroll deduction as your payment method, complete the information below and sign.

First Name: _____

Last name: _____

DEPT: _____

Employee #: _____

I authorize the deduction of \$ _____ x _____ pay periods, for a total deduction of \$ _____

Donor Signature: _____

Date: _____

PLEASE ENSURE THAT THIS PAYROLL SECTION IS SUBMITTED TO YOUR PAYROLL DEPARTMENT FOR PROCESSING PAYMENTS.

Change starts here: 100% local—all of your donation stays in your community.

When you give to the United Way, you are helping frontline programs and services throughout the City of Kawartha Lakes meet the immediate, critical social needs of our community:

Helping kids be all that they can be

Moving people from poverty to possibility

Creating healthy people, strong communities

To see your dollars at work and learn more about United Way, visit www.ckl-unitedway.ca

Together, we are possibility.

SPECIAL INSTRUCTIONS

Designations:

I would like to invest in: City of Kawartha Lakes Haliburton Where it is needed most

I would like a portion of my gift directed to another registered Canadian charity \$_____ (minimum donation of \$75)

Name of Charity: _____ Charitable #: _____

Leaving a legacy:

I would like more information about giving through my will.

I have left a gift in my will to United Way.

Keeping in touch:

I am retiring in the next year and would like to stay connected with United Way.

I would like to receive an email newsletter.



Thank you for supporting your United Way.
Together we can solve #unignorable issues
in our community.