What does your donation look like?


43
Women will have the support needed to leave their abusive partner.

450
Individuals access to mental health services they could not otherwise afford.

300
Kids from priority neighbourhoods learn discipline & teamwork as part of an orchestra.

$108K
Bursaries earned $108,000 in scholarships and 7 teens from priority neighbourhoods earned $108,000 in scholarships.

"I am so proud of the 9 women who graduated from our high school this year, the majority who are headed onto post-secondary education in the fall!"

- Sharon Amirault, Executive Director, First Steps

Make a Difference.
Ignite possibility in your community.

United Way
Saint John, Kings & Charlotte
Give Generously to your community!

Your donation stays local and changes lives.
Working with local partners, we support programs and services that help people live their best lives and strengthen our community.

Your donation stays local and changes lives.
Working with local partners, we support programs and services that help people live their best lives and strengthen our community.

1 My Contact Information

First Name ___________________________ Last Name ___________________________

Employer ___________________________ Employee # ___________________________

Home Address

City ___________________________ Province ___________________________ Postal Code ___________________________

Email ___________________________ Phone # ___________________________

2 My Donation $_________

Tax receipts are issued for gifts of $20 or more.

☐ Payroll Deduction: I authorize my employer to deduct $_________ per pay period, for #_________ pay periods

☐ Cash/Cheque

☐ Credit Card (Visa, Mastercard, American Express)

$_________ One-time donation $_________ Monthly donations (payments are processed on the 15th of each month)

Credit Card # ___________________________ Expiry Date (MM/YY) ___________________________

☐ Automatic Withdrawal / Donate Securities or Shares: Contact our office to arrange (506) 658-1212

☐ United Way may publicly recognize me as a donor. Print my name as ___________________________

Signature ___________________________ Date ___________________________

3 My Gift Distribution (Optional)

Direct my donation to:

☐ The greatest need in my community
☐ Break the cycle of generational poverty
☐ Help kids & youth achieve their potential
☐ Break the cycle of domestic violence
☐ Mental health services

Or direct a portion of my contribution to the following registered Canadian Charity:

$_________ Name ___________________________

Charitable # ___________________________

A 7% administrative fee is applied to organizations that do not receive a grant from the United Way.

Note For Payroll Departments: Send a copy of each completed form to United Way and keep original for your records.

United Way Saint John, Kings & Charlotte | Charitable # 11927 8190 RR0001
28 Richmond St., Unit 301, Saint John, NB E2L 3B2 | 506.658.1212 | gina@unitedwaysaintjohn.com