

ALL CHARITIES CAMPAIGN PLEDGE FORM



430 - 405 Broadway
Winnipeg MB R3C 3L6
(204) 945-5621
BN 88997 8664 RR0001

Name _____
Department/Workgroup _____
Work address _____

METHOD OF DONATION:

Payroll Deduction:

I authorize my employer to deduct the payroll pledge, either one-time or consecutively for 26 pay periods (or until revoked by me in writing), and remit on my behalf. The deduction will start in January of the New Year.

- Bi-weekly payroll deduction \$ _____ x 26 = \$ _____ yr
- One-time payroll deduction (from first pay cheque in January) \$ _____ yr

Note: Payroll donation will appear on your T4 slip.

Cash:

- Cash \$ _____ yr
- Cheque \$ _____ yr
Payable to All Charities Campaign or charity(ies) of choice

Note: Official tax receipts for cash/cheque donations of less than \$10 issued only upon request.

Choose where to direct your gift by listing the charity(ies) below (visit our Website at www.allcharitiescampaign.ca to view the Catalogue listing of charities that have been supported by All Charities donors). If you wish to notify the charity(ies) of your donation, please check off the charity(ies) to be notified and complete the RELEASE OF INFORMATION section below.

C H E C K O F T O N O T I F Y	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
	<input type="checkbox"/>	\$ _____ /yr
IF SPACE INSUFFICIENT, USE REVERSE SIDE. Total Pledge/Donation		\$ _____ /yr

Signature _____ Date _____
(Please sign to confirm your gift.)

RELEASE OF INFORMATION (information will be released to the agency when the donation is actually paid): In accordance with the *Freedom of Information and Protection of Privacy Act*, I hereby authorize the release of the information noted below to the charity(ies) checked off above. Please provide the charity(ies) with the following:

- Name & amount of donation _____
- Name, e-mail or mailing address & amount of donation _____
E-mail or mailing address _____
- Please ask the agency to add me to their mailing list _____
City/Province _____
- Postal code _____ Office Phone Number _____
(For Campaign Office use only)

ATTENTION DONOR: PLEASE MAKE PHOTOCOPY FOR YOUR RECORDS