

# 2011 Pledge Card



**United Way**  
Peel Region

## Introduction

In 2011, Peel region will be using a new single-page pledge card in their campaigns in place of the multi-part forms previously used. It will also function as the donor guide.

## The Need for Change

There are lots of good reasons for the move to making the pledge card a single-page and merging it with the donor guide. The new format is considerably cheaper to produce and it will be easier to print information on the new form. It is also more convenient for workplaces since they will no longer need to separate the copies. The 2011 pledge card/donor guide is far more environmentally friendly. Personalization will be much easier. In fact, each manager will be able to personalize the cards for their accounts.

## Payroll Tear Off

Donors contributing by payroll will need to complete **both** the top section of the form (for processing by United Way of Peel Region) and the bottom section (for the company's payroll department to facilitate payroll deduction and payment. **Please ensure these two sections are completed and the amounts are the same. Your Employee Campaign Coordinator will have to ensure that the company payroll department receives the tear-off portion of the pledge card labelled "Payroll Deduction".**


Many other United Ways have already switched to the single-page format and the payroll tear off is common practice.

## No Donor Copy

The new pledge card is a standard 8 1/2" x 11" size. The cards can be easily fed through a photocopier or scanned by the Human Resources Department / Workplace Campaign committee member and returned to employees through the company's existing practices of sharing confidential information.

# Sample Pledge Card

90 Burnhamthorpe Road West, Suite 408 | PO Box 58 | Mississauga, ON | L5B 3C3  
 www.unitedwaypeel.org | Charitable Business Number: 108102807 RR0001



**1 Your Contact Information**

Mr.  Mrs.  Ms.  Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employee Number \_\_\_\_\_ Location \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

To help us better understand our donors, please tell us your birth year: \_\_\_\_\_  Please email me updates about United Way.

**2 Your Gift**

**A I WANT MY GIFT TO MAKE THE MOST POWERFUL CONTRIBUTION POSSIBLE.**  
 Please give my donation to United Way of Peel Region's Community Fund. \$ \_\_\_\_\_  
 My donation will support an essential network of human services in Brampton, Caledon and Mississauga.

**B I want to support the following United Way investment areas:** Minimum gift of \$25 per selection  
Contributions over and above the required funding for one of our three priority investment areas will be directed to support a complementary service in another priority area.

Resilient People	\$ _____
Strong Families	\$ _____
Vibrant Communities	\$ _____

**C OPTIONAL: I want to support another United Way or registered Canadian charity.** Minimum gift of \$25  
A 14% fundraising fee will be charged for donations to charities not funded by UWPR (excludes donations to other United Ways). For information visit, www.cra-arc.gc.ca/charities

Charity _____	City _____	\$ _____
Registered Charity Number _____		Release my name to the charity for recognition <input type="checkbox"/> Yes <input type="checkbox"/> No

Registered Charity Number must be included. If the information is inaccurate, the donation will be directed to the Community Fund.

**Thank you for Giving**  
 Your gift of \$1,000 or more distinguishes you as a Leadership donor. Please print your name as you would like it to appear

\_\_\_\_\_

\_\_\_\_\_

I wish to remain anonymous.

**TOTAL CAMPAIGN GIFT** \$ \_\_\_\_\_

**3 Ways to Give**

Complete PAYROLL DEDUCTION section on the bottom of the page.

Payroll Deduction  
 \$ \_\_\_\_\_ X \_\_\_\_\_ number of pays = \$ \_\_\_\_\_ total payroll

Cheque  Post-dated cheque(s)  Cash \$ \_\_\_\_\_  
Attach and make cheques payable to UNITED WAY OF PEEL REGION

VISA  MasterCard  AMEX \$ \_\_\_\_\_  
total credit card

Credit card number \_\_\_\_\_ Expiry Date \_\_\_\_\_

One time or  Monthly  Quarterly  Semi-annually  
 In equal payments of \$ \_\_\_\_\_ starting  1<sup>st</sup> of the month  15<sup>th</sup> of the month

Your gift to the Community Fund changes lives and builds better futures.

**RESILIENT people**

Support seniors to be healthy and independent | Support individuals with disabilities | Support people who are vulnerable to abuse, especially women and children | Support people affected by mental health issues

**STRONG families**

Support newcomers and immigrants integration into community life | Help to provide a higher quality of life for at risk families | Help children and youth reach their full potential

**VIBRANT communities**

Reduce poverty, eliminate hunger, and ensure people have access to affordable housing | Strengthen neighborhood development and engage people in their community

**GIVING LEVELS**

Trustee	— \$50,000 or more	Sponsor	— \$2,000-\$4,999
Benefactor	— \$25,000-\$49,999	Leader	— \$1,000-\$1,999
Builder	— \$10,000-\$24,999	Partner	— \$500-\$999
Patron	— \$5,000-\$9,999	Friend	— \$1-\$499

**4 Sign Here**

Signature \_\_\_\_\_ Date \_\_\_\_\_

United Way is committed to protecting your privacy. Information you or your employer provide is used to help us in our campaign, process and receipt your donation, and respond to your information requests. We do not sell or rent our donor lists. To see our complete privacy policy, visit www.unitedwaypeel.org or contact our Privacy Officer at 905-602-3650 or email privacy@unitedwaypeel.org.

**Payroll Deduction**

**ATTENTION** Donor: If you made your gift through payroll deduction, please fill out this section.  
 Employee Campaign Coordinator: Please detach and process with your payroll department.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Department/location \_\_\_\_\_ Employee ID Number \_\_\_\_\_

I authorize the deduction of \$ \_\_\_\_\_ X \_\_\_\_\_ = for a total donation of \$ \_\_\_\_\_  
amount per pay # of pays amount should match TOTAL PAYROLL above

Signature for payroll authorization \_\_\_\_\_ Date \_\_\_\_\_

If you would like more information, please visit [www.unitedwaypeel.org](http://www.unitedwaypeel.org). Thank you for your support.

1. Area for pre-printing key company information to ensure accuracy

2. Donors indicate total amount of donation and how they would like it to be spent

2b. Donors indicate recognition preferences

3. Donors indicate the method of payment

4. All donors must sign and date to authorize donation

3b. Payroll donors must complete this section as well including signature and date.  
**NOTE: Payroll donation must match to payroll amount indicated in Section 3.**

Tear off this section and submit it to the payroll department. United Way of Peel Region keeps the upper portion.