

Name: _____ Pension #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

THANK YOU FOR SUPPORTING YOUR COMMUNITY THROUGH THE GOVERNMENT OF CANADA WORKPLACE CHARITABLE CAMPAIGN


Please ensure that the information above is accurate. You may indicate any required changes directly on this form, but you **MUST** also advise your pension office at 1-800-561-7930 or 1-800-267-0350 for the CFSA pension office. Contact the GCWCC at 1-877-379-6070 if you require assistance to complete this form.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Rank _____ Retired from? _____

Language preference ☐ English ☐ Français Tel. () _____ Email _____

DEPARTMENT/AGENCY

REQUIRED FOR CREDIT CARD AND ELECTRONIC TAX RECEIPT

<div><div>1</div><div></div><div><input type="checkbox"/> MY LOCAL UNITED WAY—as determined by my postal code</div><div>Distribute my gift where it will have the greatest impact in my community \$ _____</div><div>AND/OR Direct the following amount to:</div><div>All That Kids Can Be \$ _____</div><div>Healthy People, Strong Communities \$ _____</div><div>Poverty To Possibility \$ _____</div><div>AND/OR</div><div><input type="checkbox"/> OTHER UNITED WAY</div><div>_____ \$ _____</div><div><small>PLEASE SPECIFY NAME</small></div><div>ANNUAL TOTAL 1 \$ TOTAL</div></div>	<div><div>2</div><div>iii HealthPartners PartenaireSanté</div><div><input type="checkbox"/> HEALTHPARTNERS—please share with all 16 members \$ _____</div><div>AND/OR</div><div><div><input type="checkbox"/> ALS Canada \$ _____</div><div><input type="checkbox"/> Alzheimer Society Canada \$ _____</div><div><input type="checkbox"/> Arthritis Society \$ _____</div><div><input type="checkbox"/> Canadian Cancer Society \$ _____</div><div><input type="checkbox"/> Canadian Hemophilia Society \$ _____</div><div><input type="checkbox"/> Canadian Liver Foundation \$ _____</div><div><input type="checkbox"/> Crohn's and Colitis Canada \$ _____</div><div><input type="checkbox"/> Cystic Fibrosis Canada \$ _____</div><div><input type="checkbox"/> Diabetes Canada \$ _____</div><div><input type="checkbox"/> Heart and Stroke \$ _____</div><div><input type="checkbox"/> Huntington Society of Canada \$ _____</div><div><input type="checkbox"/> Multiple Sclerosis Society of Canada \$ _____</div><div><input type="checkbox"/> Muscular Dystrophy Canada \$ _____</div><div><input type="checkbox"/> Parkinson Canada \$ _____</div><div><input type="checkbox"/> The Kidney Foundation of Canada \$ _____</div><div><input type="checkbox"/> The Lung Association \$ _____</div></div><div>ANNUAL TOTAL 2 \$ TOTAL</div></div>
<div><div>3</div><div>OTHER CANADIAN REGISTERED CHARITIES Visit cra.gc.ca for a list of charities.</div><div><div>_____ \$ _____</div><div><small>NAME OF ORGANIZATION</small></div><div>_____ \$ _____</div><div><small>BN/REGISTRATION #</small></div></div><div>ANNUAL TOTAL 3 \$ TOTAL</div></div>	
<div>TOTAL GIFT 1 + 2 + 3 = \$ TOTAL</div>	

☐ Please keep me informed about the Government of Canada Workplace Charitable Campaign. ☐ For leadership gifts (\$1,000+) please publish my name in the Leadership Honour Roll.

☐ Please release my name and gift amount to the charities I have chosen to support through the GCWCC. The privacy policies of these respective organizations shall apply.

MONTHLY PLEDGE

☐ Pension Deduction 10 X \$ _____ = \$ TOTAL

Deadline February 14/deductions begin March 1.

☐ Monthly Credit Card 12 X \$ _____ = \$ TOTAL

Deductions 15th of every month.
Please fill out credit card information below.

☐ Direct Bank Withdrawal 12 X \$ _____ = \$ TOTAL

Deductions 15th of every month.
Please attach void cheque.

☐ I wish for my monthly deductions above to continue until such time as I notify the GCWCC (1-877-379-6070) of any changes.
(Please allow 30 days for requested changes to be implemented)

☐ Visa ☐ MC ☐ Amex Card # _____

Expiry Date _____

MM/YY

Please include your telephone number and email in the address section at the top of this form.

ONE TIME DONATION

☐ Credit Card one-time payment in the amount of \$ TOTAL

Please enter card information above.

☐ Cheque one-time payment in the amount of \$ TOTAL

Payable to United Way-GCWCC.

OTHER GIVING OPTIONS

For information on gift of stock, life insurance or planned giving please contact a GCWCC representative at 1-877-379-6070.

Signature X _____

Date _____

M | D | YY

Please mail this completed form to: GCWCC Retirees, 363 Coventry Road, Ottawa, ON K1K 2C5 canada.ca/charitable-campaign

Or email to: GCWCC_Retirees-Mail@unitedwayottawa.ca

This mailing is being carried out by Public Services and Procurement Canada (PSPC) for GCWCC, with the approval of the Treasury Board, the Canadian Armed Forces, the RCMP and the Public Service. Information provided to GCWCC will be kept strictly confidential and used only for the purposes of initiating deductions and issuing income tax receipts. Your pension number will only be used by your pension administrator if you are making your donation through pension deductions.

Receipts issued for donations of \$20 or more. GCWCC and United Way are committed to donor privacy. Information is not shared without authorization or required by law. Visit www.gcwcc-ccmtgc.org/en/resources/privacy-policy