

Government of Canada Workplace  
Charitable Campaign (GCWCC)

\*Mandatory fields

Please ensure that the contact details and personal information contained in this form are accurate. You may indicate any changes to your personal information directly on this form, but you MUST also advise your pension office at 1-800-561-7930 or 1-800-267-0325 for the CFSA pension office.

Retired from\* \_\_\_\_\_ Rank \_\_\_\_\_ Email\* \_\_\_\_\_  
Required for credit card donations, electronic tax receipts and/or campaign updates.

Language preference\* ☐ EN ☐ FR Tel. (    ) \_\_\_\_\_ ☐ YES, I want to stay informed and connected with the GCWCC community.  
Don't forget to enter your personal email.

1

 **United Way Centraide**

☐ YES, I agree to receive communications from United Way Centraide.

MY LOCAL UNITED WAY —  
as determined by my postal code

Invest my donation where it will have the greatest impact  \$

AND/OR

Direct the following amount to:

All That Kids Can Be  \$

Healthy People, Strong Communities  \$

Poverty To Possibility  \$

AND/OR

OTHER UNITED WAY CENTRAIDE

\$

Please specify the United Way Centraide's name

2

 **HealthPartners PartenairesSanté**

☐ YES, I agree to receive communications from HealthPartners.

Donate to all 17 HealthPartners member charities  \$

AND/OR

ALS Society of Canada  \$

Alzheimer Society of Canada  \$

Arthritis Society of Canada  \$

Canadian Cancer Society  \$

Canadian Hemophilia Society  \$

Canadian Liver Foundation  \$

Crohn's and Colitis Canada  \$

Cystic Fibrosis Canada  \$

Diabetes Canada  \$

Heart & Stroke  \$

Huntington Society of Canada  \$

Kidney Foundation of Canada  \$

Canadian Lung Association  \$

Mental Health Commission of Canada  \$

Muscular Dystrophy Canada  \$

Multiple Sclerosis Canada  \$

Parkinson Canada  \$

ANNUAL TOTAL =  1 \$  TOTAL

ANNUAL TOTAL =  2 \$  TOTAL

3

OTHER CANADIAN REGISTERED CHARITIES Visit [canada.ca/charities-list](https://canada.ca/charities-list) for a list of charities.

Name of organization

BN/REGISTRATION #

\$

\$

ANNUAL TOTAL =  3 \$  TOTAL

TOTAL GIFT  1 +  2 +  3 =  \$

FOR GIFTS ABOVE \$500 ☐ I wish to be recognized as a donor. *Thank you*

PAYMENT METHOD

MONTHLY PLEDGE

☐ PENSION DEDUCTION

12 X \$  =  \$  TOTAL

Deadline: December 5/deductions being January.

☐ MONTHLY CREDIT CARD

12 X \$  =  \$  TOTAL

Deductions 15<sup>th</sup> of every month beginning in January. Please fill out credit card information below.

☐ DIRECT BANK WITHDRAWAL

12 X \$  =  \$  TOTAL

Deductions 15<sup>th</sup> of every month beginning in January. Please attach void cheque.

☐ I WISH FOR MY MONTHLY DEDUCTIONS TO CONTINUE AUTOMATICALLY YEAR AFTER YEAR UNLESS I NOTIFY THE GCWCC OF ANY CHANGES (1-877-379-6070).  
Please allow 30 days for requested changes to be implemented.

☐ VISA ☐ MC ☐ AMEX

CARD#

EXPIRY DATE

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

MM/YY

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

Signature X

Date 

Y	M	D
<input type="text"/>	<input type="text"/>	<input type="text"/>