



**MY CONTACT INFORMATION** (Please write as clearly as possible)

Ms.  Mr.  Employee  Retired Employee No.: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Organization: \_\_\_\_\_

Home address<sup>1</sup>: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

<sup>1</sup>The Canada Revenue Agency requires the donor's personal address to appear on charitable tax receipts issued.

Home phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

**Personal email<sup>2</sup>:** \_\_\_\_\_

<sup>2</sup>As an eco-friendly initiative, tax receipts will from now on be sent by email (unless otherwise specified by you).

Office email: \_\_\_\_\_

Year of birth: \_\_\_\_\_

Correspondence:  English  Français

I would like to know how my donation makes a difference in my community.

I would like to receive information about making a gift in my will.

I would like to receive my tax receipt by mail<sup>2</sup>.

**I SUPPORT CENTRAIDE** (Payment method and authorization)

**PAYROLL DEDUCTION**

Please fill out the return form below and forward it to the payroll department.

**Amount per pay over 26 pays**  
 \$2  \$4  \$8  \$12  \$48 <sup>LEADER\*</sup> or \$ \_\_\_\_\_ X 26 = \$ **TOTAL**

**CREDIT CARD**



• One-time payment of: \$ **TOTAL**

• Monthly payments of: \$ \_\_\_\_\_ X 12 = \$ **TOTAL**  
(on the first of each month)

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ - \_\_\_\_\_ month year CW Code: \_\_\_\_\_

Card holder: \_\_\_\_\_

**CHEQUE**

Please include a cheque made out to **Centraide of Greater Montreal**. Amount = \$ **TOTAL**

**GIFT OF SECURITIES**

Please call us for more information at **514 288-1261**.

**JOIN THE LEADERS' CIRCLE**  
 (\$1,200 donation or more)

The **Leaders' Circle** Recognition Program will acknowledge your generous contribution.  
**I agree to have my name published:**  yes  no  
 If yes, how do you wish your name to appear: \_\_\_\_\_

**\* LEADER** Give your donation even more impact! Every new Leader donation (\$1,200 or more) is matched by the **Centraide Challenge**, which means your impact will be twice as big.

**A receipt is issued for a contribution of \$20 or more.** Registration No.: 11884 2517 RR0001

Through your workplace campaign, you can direct your donation to one or more areas of action. Make sure that the total donation indicated in the "I support Centraide" section equals your allocation amounts, if applicable.

**I WANT TO HELP CENTRAIDE**

IN ITS **OVERALL MISSION**

\$ \_\_\_\_\_

To support youth success

\$ \_\_\_\_\_

To take care of the essentials

\$ \_\_\_\_\_

To break social isolation

\$ \_\_\_\_\_

To build caring communities

\$ \_\_\_\_\_

**PAYROLL DEDUCTION**

- **Donor:** If you made your gift through payroll deduction, please fill out this section.
- **Employee Campaign Director:** Please detach and return to your payroll department.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ **THANK YOU**

Organization: \_\_\_\_\_ Employee No.: \_\_\_\_\_

I authorize the deduction of: \$ \_\_\_\_\_ X \_\_\_\_\_ (number of pays) for a **total donation** of \$ **TOTAL**

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

