Centraide of Greater Montreal

SHOW YOUR LOCAL LOVE

MY CONTACT INFORMATION (Please write as clearly as possible)

☐ Ms. ☐ Mr. ☐ Employee Employee No.: _____
☐ Retired

Last name: _____

First name: _____

Organization: **Concordia University**

Home address[1]: _____

_____

City: _____

Province: _____ Postal code: _____

[1]The Canada Revenue Agency requires the donor's personal address to appear on charitable tax receipts issued.

Home phone: _____

Office phone: _____

Personal email[2]: _____

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

☐ I would like to receive my tax receipt by mail[2].

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

☐ **$4** ☐ **$8** ☐ **$12**

☐ **$24** ☐ **$48** LEADER* or $___ X 26 =$ **0**

CREDIT CARD

☐ VISA ☐ MasterCard ☐ American Express

- One-time payment of: $ TOTAL
- Monthly payments of: $ _____ X 12 = $ 0 TOTAL
  (on the first of each month)

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: ☐☐ - ☐☐
month year

Card holder: _____

Signature _____ / / Date

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: _____

Organization: **Concordia University** Employee No.: _____

I authorize the deduction of: $ _____ X ___ (number of pays) for a **total donation** of $ 0 TOTAL

Signature _____ / / Date

THANK YOU

493 Sherbrooke Street West, Montreal, Quebec H3A 1B6 Tel.: **514 288-1261** communications@centraide-mtl.org **centraide-mtl.org**

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