

MY CONTACT INFORMATION (Please write as clearly as possible)

Ms. Mr. Retired

Last name: _____

First name: _____

Organization: **Concordia retiree**

Home address¹: _____

City: _____

Province: _____ Postal code: _____

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

Home phone: _____

Office phone: _____

Personal email²: _____

²As 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 mail².

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 12 pays




\$6 \$10 \$20

\$50 \$100 LEADER* ou \$ ___ X 12 = \$ _____

AUTOMATIC DEBIT **IMPORTANT:** Include a cheque marked "VOID" to have your monthly donation withdrawn automatically from your bank account.

• One-time payment of: \$ **TOTAL**

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

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

Card holder: _____

Signature _____ Date _____

CHEQUE Amount = \$ **TOTAL**

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

A receipt is issued for a contribution of \$20 or more. Registration No.: 11884 2517 RR001

REGION I want to direct my donation to the following Centraide:

<input type="checkbox"/> Abitibi-Témiscamingue et Nord-du-Québec	<input type="checkbox"/> Bas-Saint-Laurent	<input type="checkbox"/> Centre-du-Québec	<input type="checkbox"/> Duplessis	<input type="checkbox"/> Estrie
<input type="checkbox"/> Gaspésie-Îles-de-la-Madeleine	<input type="checkbox"/> Greater Montreal	<input type="checkbox"/> Haute-Côte-Nord/Manicouagan	<input type="checkbox"/> Hautes-Laurentides	<input type="checkbox"/> Lanaudière
<input type="checkbox"/> Laurentides	<input type="checkbox"/> Mauricie	<input type="checkbox"/> Outaouais	<input type="checkbox"/> Québec et Chaudière-Appalaches	<input type="checkbox"/> Richelieu-Yamaska
<input type="checkbox"/> Saguenay-Lac-Saint-Jean	<input type="checkbox"/> Sud-Ouest du Québec			

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 retiree** Employee No.: _____

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

Signature _____ Date _____

THANK YOU