



Centraide
of Greater Montreal

ONE GIFT CHANGES LIVES FOR LIFE.

MY CONTACT INFORMATION

(Please write as clearly as possible)

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

Last name:

First name:

Organization: **Concordia University**

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:

Cell No.:

Office email:

Personal email:

Year of birth:

Correspondence: ☐ English ☐ Français

☐ I wish to know how my donation makes a difference in my community.

☐ I wish to receive information about donations through wills, life insurance policies and retirement plans.

I SUPPORT CENTRAIDE (Payment method and authorization)

PAYROLL DEDUCTION

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

divided over **26 pays**

☐ \$8 ☐ \$10 ☐ \$12 ☐ \$48 ^{LEADER*} or \$ X 26 = \$ **TOTAL**

CREDIT CARD

☐ VISA ☐ MasterCard ☐ American Express

• One-time payment of: \$
• Monthly payments of: \$ X 12 = \$
(on the first of each month)

Card number:

Expiry date: -
month year

Card holder:

Signature

Date

CHEQUE OR CASH

☐ Cheque ☐ Cash Amount = \$
Please include a cheque made out to Centraide of Greater Montreal.

GIFT OF SECURITIES

Please contact Linda Tremblay:
514 288-1261, ext. 250.

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

THE LEADERS' CIRCLE - \$1,200 DONATION AND 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

To have an even greater impact on the community, the **LEADERSHIP CHALLENGE GRANT FUND** matches donations of all new Leaders (\$1,200 or more).

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 26 pays for a **total donation** of \$ **TOTAL**

Signature

Date

THANK YOU

