

Please complete for receipting and processing:

Mr. Ms. Mrs. Miss Dr. Retired

First Name: _____

Last Name: _____

Home Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Email: _____

Employer: _____

Recognition:

United Way may publicly recognize my name as part of the Leadership Giving Program as:

_____ *please print*

Please acknowledge the combined gift of myself and my spouse. (Please provide name and workplace of spouse if applicable).

Spouses's Name: _____

Employer: _____

Gift Amount \$ _____

I prefer my name remain anonymous.

Method of Payment:

Cheque

Pre-authorized Payment Plan

Credit Card: [Visa | Mastercard | Amex]
 monthly quarterly annually

Card #: _____

Expiry: _____

Signature: _____

Please distribute my gift to provide the broadest support to the greatest number of people in:

Burlington Hamilton

Your Donation Per Year	Reason to Give
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\$1,040	Will allow 108 youth access to a drop in program that provides a healthy, supportive environment for them to build positive life skills through mentoring, training and group activities.
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\$1,300	Provides one child with a healthy lunch each day as part of an emergency lunch program.
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\$2,400	Provides specialized intervention for 4 suicidal youth through one-on-one counseling to help cope and overcome mental health and addictions issues.
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\$3,120	Will give three children living in a low-income community, access to an academic based after school program that helps them reach their full potential.
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\$4,200	Provides 70 individuals with 1 hour of credit counselling that assist them in acquiring the skills necessary for financial stability.
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\$5,200	Provides 10 seniors with homemaking services including, personal care, home maintenance, meal preparation and companionship which allows them to remain living independently.
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 905-635-3138

HAMILTON
 177 Rebecca Street
 Hamilton, ON L8R 1B9
 905-527-4543

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 Burlington & Greater Hamilton
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