



United Way Perth-Huron

Donor Name _____ Year of Birth _____

Address _____

City _____ Postal Code _____

- Mobile
- Home
- Work

Phone _____

- Personal
- Work

Email I would like to receive the monthly e-newsletter

Print name(s) as you would prefer to appear in recognition material:

OR I wish to remain anonymous

- First-time gifts of \$1,200 will be matched by generous donors! •

OPTION **A**: Monthly ongoing gift

Monthly I will give \$ _____

starting on the 15th day of _____ MONTH

Credit Card Pre-authorized Debit (void cheque)

OPTION **B**: One-time gift \$ _____

METHOD OF PAYMENT

   Cheque payable to United Way Perth-Huron

Credit Card Number

Expiry date: _____ / _____

Today's Date



Signature

HELP BRING
#UNIGNORABLE
ISSUES INTO FOCUS

Mail or drop off at: 32 Erie St. Stratford ON N5A 2M4

Give online: perthhuron.unitedway.ca

Give by phone: 877-818-8867 | 519-271-7730

An official receipt will be issued for income tax purposes. Monthly giving tax receipts will be issued in February. Charitable number 119278414 RR001 We are committed to protecting your privacy. View our privacy policy at perthhuron.unitedway.ca