



MY CONTACT INFORMATION (Please write as clearly as possible)

Ms. Mr. Employee Retired Employee No.: _____

Last name: _____

First name: _____

Organization: **Ville de Laval**

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 email: _____

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 SUPPORT CENTRAIDE (Payment method and authorization)

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

divided over 52 pays

\$1 \$2 \$3 \$4

\$6 \$24 ou \$ _____ X 52 = \$ _____

Automatically renewed. Not renewed automatically.

CREDIT CARD

• 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 Josée André: **514 288-1261, ext. 246.**

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 **Leadership 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: **Ville de Laval** Employee No.: _____

I authorize the deduction of: \$ _____ X **52** (number of pays) for a total donation of \$ **TOTAL**

Automatically renewed. Not renewed automatically.

Signature _____ Date _____

THANK YOU