# Give today.



## Tell us a bit about yourself.

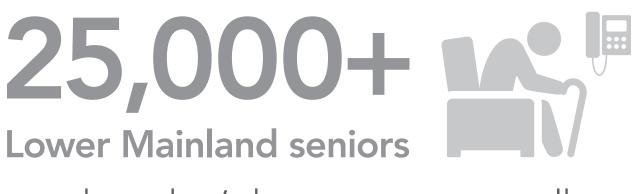
First Name Mic	Middle Name		Last Name		
Home Email				Home / Cell Ph	one
Home Address (Please provide to receive your tax receipt at hom	ne.)				
City, Province				Postal Code	Birth Year
Employer					
Work Email				Work Phone	
Your name as you'd like it to appear in published materials.			I am ret keep in		my name. kt 12 months. Please learn about the
How do you want to help?		I want to give these	e amounts to	these areas	specifically:
I want to give where help is needed r	nost.	\$ All that kids can be		\$	
				From poverty to possibility	
\$		\$	unition	\$	dowmont Fund
	Strong and healthy communities		United Way's Endowment Fund		
(Total gift \$ \$ It's easy to give. If you choose to donate by credit card, <i>do not s</i> Instead, please print out this form and give it to	<b>Total Gi</b> Please add up gift amounts a submit this form elect o your Employee Cal	your bove. I have	e left a gift in m		ving a gift in my will.
Payroll Please deduct # pay peri      Credit card			Employee Nur	nber	Tax receipts for payroll gifts are or T4 slips. Receipts for other gifts (\$25 minimum) are distributed in
Credit Card Number Monthly giving (January – December). Processed the first of each month. (\$10 minimum)		Expir ne gift upon receipt // (MM		у	February.
Cash/Cheque Please make of	cheque payable to l	Inited Way of the Lc	wer Mainland		
Gift of Securities Please contact	t Warren Olson at 6	04.268.1309 or warr	eno@uwlm.ca	to complete	e your gift.

### You're changing a life. Thank you!

# When you're vulnerable, the right connection can save your life.

Almost

# 1 in 10 local for a say they don't think any adult cares about them.



say they don't have anyone to talk to.

# You can make a difference. Please give today.

Sources: Kids: Middle Years Development Instrument, 2016 (Human Early Learning Partnership, UBC); results from grade 4 students. Seniors: My Health My Community 2013/14 (Vancouver Coastal Health Authority and Fraser Health Authority).

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