

UNITED WAY PAYROLL DEDUCTION DONATION PLAN

EMPLOYER: _____

EMPLOYEE NAME: _____

I hereby authorize my employer to deduct \$ _____ per pay period.

Weekly Bi-Weekly Monthly

Your donation will appear on your annual T4, no need to keep track of receipts

Lloydminster & District United Way and its agencies are grateful for your financial support.

When you donate, you join the growing list of individuals and organizations who are supporting their community by supporting the United Way.

I choose to donate on my own accord:

Cash \$ _____ Cheque \$ _____ Post-Dated Cheques \$ _____ X (qty) _____

Donations to Lloydminster & District United Way of \$20 or more receive a receipt of charitable tax donate



United Way
Lloydminster & District
CHANGE STARTS HERE
www.lloydminster.unitedway.ca

4419 – 52 Avenue * Lloydminster, AB * T9V 0Y8 * 780-875-3743

lloydminsterunitedway@telusplanet.net

Submit to Payroll Department

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