

OUR COMMUNITY CAN'T RECOVER WITHOUT YOU

Here's How YOU Can Help Our Community Rebuild. Recover. ReUNITE

United Way Regina continues to focus our local efforts on childhood success, food security, and mental health. We are taking every step possible to ensure our community is cared for and supported in order to respond, recover, and eventually return to the resiliency that continues to make our city great. It will take all of us working together to lift up our communities during these uncertain times.

Childhood Success

\$10/month

12 BOOKS
FOR A CHILD TO START THEIR OWN
HOME LIBRARY



\$25/month

15 CAMPERS
AT SUMMER SUCCESS RECEIVE GOOD
FOOD BOXES TO SUPPORT
HEALTHY EATING



\$50/month

12 STUDENTS
RECEIVE VIRTUAL ONE-ON-ONE
READING SUPPORT FOR
FOUR WEEKS



\$100/month

ONE STUDENT
CAN ATTEND A TWO-WEEK SUMMER SUCCESS
LITERACY CAMP



Food Security

\$10/month

DELIVERS 2 FAMILIES WITH 2 MEAL BASKETS
FILLED WITH ALL THE STAPLES TO SUPPORT
HEALTHY EATING FOR THE
ENTIRE FAMILY



\$20/month

PROVIDES A VULNERABLE INDIVIDUAL
WITH AT LEAST ONE NUTRITIONAL MEAL EVERY DAY FOR
1 MONTH



\$50/month

OFFERS 20 FAMILIES
THE OPPORTUNITY TO STOCK THEIR
PANTRIES AND FRIDGES WITH ALL
THE ESSENTIALS



\$100/month

ENSURES A NUTRITIONAL LUNCH FOR 30 STUDENTS
FOR AN ENTIRE MONTH WHO OTHERWISE WOULD HAVE
GONE HUNGRY



Mental Health

\$10/month

PROVIDES 12 CHILDREN
WITH A JOURNAL FILLED WITH ACTIVITIES
TO HELP SUPPORT THEIR SELF-CARE AND
WELL BEING



\$20/month

ENSURES 10 INDIVIDUALS
HAVE ACCESS TO CRISIS SERVICES AND ARE
**NOT LEFT OUT
IN THE COLD**



\$50/month

ALLOWS 10 INDIVIDUALS
TO ACCESS SOCIAL RECREATION PROGRAMMING
TO HELP BUILD SKILLS WHILE FOCUSING ON
RECOVERY & MENTAL HEALTH IN A
SAFE ENVIRONMENT



\$100/month

2 NEWCOMER FAMILIES
STRUGGLING WITH INTEGRATION AND TRAUMA-RELATED
CHALLENGES WILL RECEIVE CULTURALLY SENSITIVE,
SOLUTION FOCUSED
COUNSELLING AND REFERRALS



1 SHARING RESULTS AND STAYING IN TOUCH *Required Field

Ms. Mrs. Miss Mr. Dr. First Name* _____ Middle _____ Last Name* _____
 Home Address* _____ City/Province* _____ Postal Code* _____
 Home Phone (____) _____ - _____ Email (H) _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email (W) _____ Year of Birth _____
 Employer Name _____ Date of retirement _____ Gender F M Non-Binary Prefer not to say

2 HOW DO YOU WANT TO HELP?

Programs and initiatives evaluated[†] by United Way for sustainable impact against a root cause.

INVEST my donation to where it is NEEDED MOST in our community.

Your donation will support programs and initiatives in the following areas: \$ _____

Childhood Success – Providing supports early so more kids reach developmental milestones and are reading proficiently by third grade for greater school and life success.

Food Security – Helping to meet the basic needs of our community's most vulnerable people.

Mental Health – Helping those in need access comprehensive mental health supports.

211SK – Helping improve access to human services to support the mental, physical and spiritual well-being of every individual in our province 24/7/365.

OR

Women United – Join a network of powerful and passionate women and ignite change in our community.

Women United will support the goals of Grade Level Reading in Regina.

Please Note: Membership is open to individuals who make an annual investment of \$1,200 or more to United Way Regina. Donations to external charities do not qualify. \$ _____

PLANNED GIVING

Please consider a Planned Gift as part of your long-term tax, financial, and estate planning strategies.

I have already made provisions in my estate plans or Will to support United Way.

Please contact me about United Way gift and estate planning opportunities.

I want to support another registered Canadian charity and I understand that if this charity is not a United Way Funded Partner, it is not evaluated by United Way.

Donations must be a minimum of \$25.00 to each registered charity. A 15% cost recovery processing fee (to a maximum of \$200) per specified charity will be charged.

For information on Canadian charities, visit: canada.ca/en/revenue-agency/services/charities-giving/charities-listings.html. \$ _____

Specify Canadian Charity _____

Release my name to the charity:

Registered Charity Number** _____

YES

[†]Evaluation includes due diligence around financial stability and governance. ^{**}In order for us to process your designation, you must provide us with a registered charity number.

MY TOTAL CONTRIBUTION

= \$ _____

3 MY DONATION METHOD

CREDIT CARD

Visa MasterCard American Express

Card # _____

Expiry ____ / ____ 3 digit CVV/CVN _____

Name on Card _____

One-time credit card gift: = \$ _____

or

Monthly credit card gift:

January 15 – December 15

\$ _____ x _____ months = \$ _____

Continuous Gift

Per month perpetually or until I notify United Way Regina

\$ _____ = \$ _____

TAX RECEIPTS

I would like to receive my tax receipt for my donation of \$25+ via:

Receive your tax receipt via email. If you have selected email, please ensure you provide your home email in section 1

Send receipt via mail.

Donations made by payroll deduction are recorded directly on your T4 Tax Form

PAYROLL DEDUCTION

Amount deducted per pay period \$ _____ x _____ number of pay periods = \$ _____

OTHER FORMS OF PAYMENT

Cash Cheque¹ Gifts of Securities² = \$ _____

¹ Make cheques payable to United Way Regina - please attach to this form.

² Gifts of Securities - please call 306-757-5671. Information and forms are available on our website <https://unitedwayregina.ca/get-involved/ways-to-give/legacy-giving/>

MY TOTAL CONTRIBUTION (Should be the same as section 2)

= \$ _____

4 SIGN AND DATE *Required Field

DONOR RECOGNITION

Donations of \$1,200+ are recognized as Leadership Gifts; \$10,000+ are recognized as Major Gifts. Recognition occurs in United Way publications.

COMBINED GIVING: You and your spouse/partner may combine your donations to achieve your chosen level.

Spouse/partner's name _____ Spouse/partner's Employer _____

May we recognize your donation?

YES If yes, please print name(s) as you would like it to appear: _____

NO, I wish to remain anonymous (e.g. John & Jane Doe, Doe Family, etc.)

Please authorize your donation by signing*: _____ Date: _____

Donor Privacy – United Way Regina is committed to protecting the privacy and confidentiality of your personal information. The information you provide is used to administer and acknowledge your gift properly, issue a tax receipt, fulfill your information requests, and ask you for future gifts. We do not release donor names with our designated pay-outs unless authorized by the donor. For complete details of our Privacy Policy and a Donor Bill of Rights, please visit our website at <https://unitedwayregina.ca/donor-bill-of-rights/>.

THANK YOU

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