


Every year, **Centraide Estrie** supports about **90 organizations, agencies** and **programs**. Nearly **125,000** people in the Estrie are reached directly or indirectly by our organizations. 

All organizations, agencies and programs supported by Centraide Estrie must be affiliated with one of the following four fields of action:



Support youth success



Take care of the essentials



Build caring communities



Break social isolation

Thanks to a donation of:

\$5 per week

You give someone the opportunity to participate in a weekly collective kitchen that provides them with five healthy meals.

\$10 /wk

You enable an addiction support group to take place.

\$24 /wk

You provide the funds necessary for a youth centre to organize activities.

\$50 /wk

You offer the equivalent of the total food stamp budget allocated by an organization to help 150 people.

THANK YOU for making a difference!



To consult the detailed list of partner organizations visit centraideestrie.com

Centraide Estrie

Tax benefit of a Centraide donation

When you declare your donation to Centraide on your income tax return, these are the credits to which you may be eligible:

| DONATION | CREDIT* | SPENT |
|---------------------|---------------|---------------|
| \$50 | \$17.50 | \$32.50 |
| \$100 | \$35 | \$65 |
| \$200 | \$70 | \$130 |
| ALLIED DONOR | \$500 | \$229 |
| LEADER DONOR | \$1200 | \$600 |
| MAJOR DONOR | \$2500 | \$1289 |
| | \$1289 | \$1211 |



Centraide
Estrie

SUBSCRIPTION FORM

Submit this completed form
to your workplace campaign manager.

COORDINATES

Mrs. First name _____ Last name _____
 Mr. _____
 Other Organization _____ Employee n° _____

Home address ¹ _____ City _____

Province _____ Postal code _____ Telephone _____ Home
 Cell
 Work

Email address _____

I would like to receive my receipt by email.

I am retiring soon and would like to maintain my contribution to Centraide Estrie.

I would like to subscribe to the monthly newsletter.

I would like my donation to be anonymous.

PRE-AUTHORIZED DEBIT OR CREDIT CARD

Please include a void cheque if you choose pre-authorized debit.

ONE-TIME debit of \$ _____

MONTHLY debit of \$ _____ x 12 = \$ _____ / year
debit on the 15th of each month

Card n° _____
 Expiration date _____ month _____ year Security code _____
on the back of the card

Signature² _____ Date _____ **2 0**

A receipt will be issued for a donation of \$20 or more.

Registration n°: 118842467 RR0001

¹ The Canada Revenue Agency requires that the donor's personal address appears on the receipt. ² I authorize the withdrawal of the amount as entered, or until written revocation on my part.

CHEQUE

\$ _____

CASH

\$ _____

PAYROLL DEDUCTION The easiest way to donate!

| | | | | | | | | | |
|------------------------------|-----------------------------|-----------------------------|----------------------------|----------|------------------------------|-----------------------------|-----------------------------|----------------------------|----------|
| 26 pay periods / year | | | | | 52 pay periods / year | | | | |
| <small>ALLIED DONOR</small> | <small>LEADER DONOR</small> | <small>LEADER DONOR</small> | <small>MAJOR DONOR</small> | | <small>ALLIED DONOR</small> | <small>LEADER DONOR</small> | <small>LEADER DONOR</small> | <small>MAJOR DONOR</small> | |
| \$10 | \$20 | \$50 | \$100 | \$ _____ | \$5 | \$10 | \$25 | \$50 | \$ _____ |

TOTAL annual donation of \$ _____ **OR ONE-TIME** donation of \$ _____ debit on _____ day _____ month _____ year

Signature² _____ Date _____ **2 0**

TO BE GIVEN TO THE PAYROLL DEPARTMENT

DONOR: Please complete this section if you are donating through payroll deduction.

CAMPAIGN DIRECTOR (in the workplace): Please detach this section, give it to the payroll department and return the top section to Centraide Estrie.

I authorize the following to be deducted from each pay \$5 \$10 \$20 \$25 \$50 \$100 \$ _____

TOTAL annual donation of \$ _____ **OR ONE-TIME** donation of \$ _____ debit on _____ day _____ month _____ year

First name _____ Last name _____

Organization _____ Employee n° _____

Signature² _____ Date _____ **2 0**

