


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 4 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](http://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
<b>ALLIED DONOR</b>	<b>\$500</b>	<b>\$229</b>
<b>LEADER DONOR</b>	<b>\$1200</b>	<b>\$600</b>
<b>MAJOR DONOR</b>	<b>\$2500</b>	<b>\$1289</b>
		<b>\$1211</b>



**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 <sup>1</sup> \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Telephone \_\_\_\_\_ Home  
 Cell  
 Email address \_\_\_\_\_ Work

I would like my donation to be anonymous.

I would like to receive my receipt by email.

I would like to be contacted for information about planned donations.

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

I would like to subscribe to the monthly newsletter.

**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

Signature<sup>2</sup> \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

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

Registration n°: 118842467 RR0001

<sup>1</sup> The Canada Revenue Agency requires that the donor's personal address appears on the receipt. <sup>2</sup> 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!**

<b>26 pay periods / year</b>					<b>52 pay periods / year</b>				
<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

Signature<sup>2</sup> \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

**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 \_\_\_\_\_ Nom \_\_\_\_\_

Organization \_\_\_\_\_ Employee n° \_\_\_\_\_

Signature<sup>2</sup> \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

