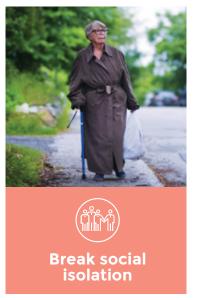
Each year, Centraide Estrie supports about a hundred organizations, agencies and programs. They fight against poverty and social exclusion and provide essential services to the most vulnerable in our community.

All organizations, agencies and programs supported by Centraide Estrie must be affiliated with one of the following 4 fields of action:









Thanks to a donation **S 5** per week

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

You enable an addiction support group to take place.

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

Tax benefit of a Centraide donation

When you declare your donation to Centraide on your income tax return, these are the credits

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**

\$17.50 \$32.50 \$50 \$100 \$35 \$65 \$200 \$70 \$130 \$500 \$229 \$271 ALLIED DONOR \$600 \$1200 \$600 LEADER DONOR **MAJOR DONOR** \$2500 \$1289 \$1211

DONATION





to which you may be eligible:

SPENT

CREDIT*



Signature²_

Centraide Estrie	SUBSCRIPTION FORM Submit this completed form to your workplace campaign manager.	
COORDINATES		
First name	Last name	
Organization	Employee n°	
Home address ¹	City	
Province Po	stal code	
Email address	Work	
contribution and thank you). Centraide is comr		ı.
VISA Card n°	x 12 = \$/ year debit on the 15th of each month Security code on the back of the card x 12 = \$/ year debit on the 15th of each month CHEQUE \$ CASH	ral of until
PAYROLL DEDUCTION	The easiest way to donate!	
26 pay periods / year ALLIED DONOR LEADER DONOR MAJOR D \$10 \$20 \$50 \$1 TOTAL annual donation of \$ Signature ²	52 pay periods / year ALLIED DONOR LEADER DONOR MAJOR DONOR \$5 \$10 \$25 \$50 \$ OR ONE-TIME donation of \$ debit on day month ye Date 2 0 GIVEN TO THE PAYROLL DEPARTMENT	ear — —

CAMPAIGN DIRECTOR (in the worklace): 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 __ _____ Nom ___ First name ___ ______ Employee n° _____ Organization ___

_____ Date _____ **2 0**

Centraide