

Help break *the cycle.* Yes! I will help end poverty on PEI.

☐ My One-Time Gift: \$ _____ **OR** ☐ My Monthly Gift: \$ _____

☐ Cash ☐ Cheque payable to United Way of PEI

☐ Credit Card ☐  ☐  ☐ 

Card #: _____ Expiry: _____

Cardholder's Name: _____

Signature: _____

☐ I am leaving a gift to the United Way of PEI in my will.

☐ I would like my gift to remain anonymous.



Name: _____
(First) (Middle) (Last)

Company (if applicable): _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Email: _____

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Taxation Number: 119278356RR0001