

my pledge

2009 Campaign for 2010 Distribution

BC LIQUOR DISTRIBUTION BRANCH

		EMPLOYEE ID #	
		ENTERED IN SYSTEM - DATE & OPERATOR	
		ENTERED IN ACCT - DATE & OPERATOR	
PLEASE PRINT CLEARLY, ALL FIELDS ARE MANDATORY		CITY	REGION
LAST NAME	FIRST NAME	AREA CODE	WORK PHONE
BCLS# AND DEPT			
MINISTRY Housing and Social Development	BRANCH NAME BC Liquor Distribution Branch	CANVASSER NAME	

making my donation

100% of my donation goes to charities in my community

<p>BI-WEEKLY PAYROLL DEDUCTION</p> <p><input type="checkbox"/> PER PAY PERIOD commencing first pay in January 2010*</p> <p><input type="checkbox"/> \$5.00</p> <p><input type="checkbox"/> \$10.00</p> <p><input type="checkbox"/> \$20.00</p> <p><input type="checkbox"/> \$50.00</p> <p><input type="checkbox"/> Other Amount Per pay deduction of \$ _____</p>	<p>AND OR</p>	<p>ONE TIME PAYROLL DEDUCTION</p> <p><input type="checkbox"/> ONE TIME PAYROLL deducted first pay in January 2010*</p> <p>\$ _____</p> <p>VACATION DONATION</p> <p><input type="checkbox"/> Number of hours _____</p> <p>Gross hourly rate \$ _____ x _____ hours (Minimum of one hour in full hour increments only)</p> <p>* All payroll deductions are acknowledged on your 2010 T4</p>	<p>AND OR</p>	<p>ONE TIME DONATION</p> <p><input type="checkbox"/> CHEQUE OR MONEY ORDER** (Payable to PECSF)</p> <p>\$ _____</p> <p>** Tax receipt issued for the year of negotiation</p>
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designating my donation

(select only one of the following two options)

1. **POOL OF FUND SUPPORTED CHARITIES**

I would like my donation to support the charities in my region determined by the Regional Committee.

OR

2. **DONOR CHOICE CHARITIES**

I would like my donation to support these specific charities. (Please refer to the regional list of approved charities at www.communityfund.gov.bc.ca)

FS/DC CHARITY CODE	CHARITY NAME	
		%
		%
		%
		%
		%
		%

If a charity loses its Federal Registration status, any allocation to that charity will be redistributed equally among the other charities chosen by the donor OR redistributed to the regional "Fund Supported" pool of charities, if it was the only charity selected by the donor.



Where ideas work



Provincial Employees Community Services Fund

PO Box 9564 Stn Prov Govt, Victoria BC V8W 9C5

www.communityfund.gov.bc.ca

SIGNATURE

DATE SIGNED
YYYY/MM/DD

Please photocopy for your records.