

## 1. Purpose

The purpose of this policy is to encourage and support philanthropic contributions by Town of Mahone Bay employees. The Town of Mahone Bay recognizes that participating in philanthropic activities, whether it be by donations of time or money, connects directly with social and emotional wellness and that it increases engagement, helps build skills and experience and supports employee attraction and retention.

## 2. Definitions

- a) "Town" means the municipality of the Town of Mahone Bay;
- b) "Employee" means any permanent member of staff.

## 3. Objectives

The objective of this policy is to encourage employees to make charitable donations through the availability of payroll deductions to the charitable causes and to encourage employees to donate their time to non-profit organizations and events.

## 4. Responsibilities

### Management

- Foster a culture of philanthropy and volunteerism.
- Review and approve requests for volunteer leave.

### Employees

- Take advantage of the donation payroll deduction option offered by the Town to support charitable causes.
- Volunteer time in support of charitable causes, both inside and outside of work. Encourage other employees to do likewise.

## 5. Staff Donations Guidelines

- a) Donations can be made by employees to the United Way through regular payroll deductions. United Way enrollment form attached as Schedule A.

## 6. Staff Volunteerism Guidelines


a) The Town of Mahone Bay will provide the equivalent of 2 days per year to each full-time employee and the equivalent of 1 day per year to each part-time employee to use to volunteer for a non-profit charity or organization of their choice. This donated time will be considered paid time off. This time is refreshed at the beginning of each fiscal year and does not accrue from year to year. Usage of this time or lack thereof does not affect vacation accrual or sick leave usage.

b) Employees must fill out the attached time off request form (Schedule B) and submit to their manager at least one week before the requested time off. Approval is at the discretion of the employee's manager.

## 7. Budget Allocations

There are no budget implications.

Clerk's Annotation for Official Policy Book	
Date of notice to Council Members of Intent to Consider [minimum 7 days notice]	May 28, 2020
Date of Passage of Policy	June 25, 2020
_____	_____
Town Clerk	Date



## Schedule A

### Optional (Designations Only)

When you donate to United Way Lunenburg County, we ensure your donation goes to where it is needed most - helping to change lives and strengthen community. As a service to our donors, we also offer the option to forward donations to other Canadian registered charities.

If you want to direct a portion of your donation to another Canadian registered charity, complete this section. The fee for directing a portion of your donation to another registered charity is 4%. An additional 4% fee is applied for donations made through payroll deduction.

Please direct this portion of my donation to the following Canadian registered charity .....

\$

To ensure accuracy please complete the designated charitable information in full:

Name of Charity \_\_\_\_\_

Registered Charity # \_\_\_\_\_

Charity Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Yes, share my name with the charity indicated in my designation.

Designations must have a charitable tax number granted by the Canada Revenue Agency, or your donation will be directed to United Way Lunenburg County.

## United Way Donor Privacy Policy

We are committed to protecting the confidentiality of donor data. The information you provide is used to process and recognize your donation, issue a tax receipt and fulfill any specific donation requests. Visit [www.lunenburgcounty.unitedway.ca/privacy-policy](http://www.lunenburgcounty.unitedway.ca/privacy-policy) for more details.



**United Way**  
Lunenburg County

PO Box 244, Bridgewater, NS  
B4V 2W9

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C 902.521.4704  
[office@lunenburgcounty.unitedway.ca](mailto:office@lunenburgcounty.unitedway.ca)  
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# Change lives in your community



## Your donation stays local and is changing lives.

Working with local partners, we support programs and services that help people live their best lives and strengthen communities.

### Your donation...

- Helps people thrive free from poverty
- Enables opportunities for everyone to lead healthier lives
- Ensures kids and youth can achieve their potential
- Creates vibrant and safe places to live for people in your community

## 1 My Donation (Total) ..... \$

Every dollar has an impact! All donations are greatly appreciated. Together, we are possibility.

Donor Recognition: My preferred name for donor recognition is \_\_\_\_\_

Yes, my name may be included in a list of United Way donors.

By donating an annual gift of \$1,200 or more you join United Way's group of leader donors. Examples of leadership level donations based on 26 pay periods:

Bronze	Silver	Gold	Platinum
\$1,200 - \$2,499 (\$50/pay)	\$2,500 - \$4,999 (\$100/pay)	\$5,000 - \$9,999 (\$200/pay)	\$10,000+ (\$385/pay)

## 2 My Donation & Payment Details

### Payroll Deduction

FOLD

\$ \_\_\_\_\_ Amount per pay period

# \_\_\_\_\_ Number of pay periods

Cash / Cheque / Post-dated Cheques (cheques payable to United Way)

Credit Card (Visa or MasterCard)

\$ \_\_\_\_\_ One-time donation

\$ \_\_\_\_\_ Monthly donation (payments begin in January and are processed on the 15th of each month)

Credit Card # \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

## 3 My Contact Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

The information you provide is only used to process your donation, issue a tax receipt and fulfill any specific donation requests.

## Tax Receipts

To help ensure that you receive your donation confirmation and receipt, please provide an alternate email address and phone number if available. We'll only use this information if we're not able to reach you at your primary contact information. Tax receipts for payroll deduction will be included on your T4 slips. Receipts for cash, cheque, post-dated cheques and credit card donations are mailed no later than February.

Alternate Email \_\_\_\_\_ Alternate Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PERF & FOLD

### Payroll Deduction

**!** Skip this section if you're not making your payment by payroll deduction

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_ Union/Local \_\_\_\_\_

I authorize my employer to deduct \$ \_\_\_\_\_ per pay period, for # \_\_\_\_\_ pay periods.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Schedule B

Employee Name:	
Community or Organization Name:	
Address:	
Phone:	
Website:	
Tax ID Number:	
Date(s) and Time(s) of requested leave:	
Total Number of Hours Requested:	

