

General Motors of Canada Limited
Charitable Deductions Form
Salary and Hourly Employees

Please check applicable box ☐ Salary ☐ Hourly

I the undersigned would like to **Start/Change** my United Way deduction to _____ per pay period

GMIN or Employee/Serial # _____ **Date** _____
mm/dd/yr

Employee Name _____
Please Print

Employee Signature _____