



BuildUpCharity Enrollment Form

Company Information

Company Name: _____ Account #: _____
 Personal Name: _____ Job Title: _____
 Phone Number: _____ Email: _____

Charity Information

Below you will find a list of 7 Charities to choose from. Our target is to support 3 charities, one will receive 50% of the proceeds, the other two will split the remaining 50%. Please choose one from the list below and the three with the most votes will be chosen.

<u>Charity</u>	<u>Category</u>	<u>Please Check One:</u>
Brain Canada	Mental Health	<input type="checkbox"/>
Food Banks Canada	Housing and Homelessness	<input type="checkbox"/>
President's Choice Children's Charity	Youth (Hunger)	<input type="checkbox"/>
Canadian Red Cross	Social Services	<input type="checkbox"/>
Stand Up To Cancer Canada	Health	<input type="checkbox"/>
First Book Canada	Education (Literacy)	<input type="checkbox"/>
Alzheimer Society of Canada	Health	<input type="checkbox"/>

Future Suggestions (Please Specify): _____

Commitment Period

Please choose your intended commitment period below. Participants will have the option to opt out at anytime.

Monthly:
 Quarterly:
 Annually:

Signature: _____

Name (Printed): _____ **Date:** _____

Please forward completed document to buildupcharity@shoemakerdrywall.com or buildupcharity@wsbtitan.com