



Donation Form

Yes, I want to help local families impacted by disabilities get the assistance they deserve in our local community.

Donation Amount: \$25 \$50 \$75 \$100 \$150 Other \$ _____

I want to make a one-time donation
 I want to make a recurring donation (*Credit card donations only*): Monthly Quarterly Yearly

Program Designation:

UCP of Sacramento and Northern California
 The Foundation for UCP

Dedication: On behalf of In honor of In memory of _____

Send dedication acknowledgement

Contact Information:

First Name _____ Last Name _____

Email _____ Phone _____

Keep my donation anonymous.
 I would like my/our name to appear in public materials as: _____

Billing Information:

Address _____

City _____ State _____ Zip _____

I am enclosing a check
 Please bill my credit card

Type of card: Visa MasterCard AmericanExpress

Name on Card _____

Card Number _____ Expiration Date _____ Security Code _____

I would like to opt-in to receive e-newsletters
 Please send me more information about volunteer opportunities
 Please send me more information on specific disabilities and where to get help
 Please send me information on how to name UCP in my estate plan

Please return this form to:

UCP of Sacramento and Northern California
4350 Auburn Blvd.
Sacramento, CA 95841

Tax ID# 94-1507998