



1825 K Street, NW Suite 600
Washington, DC 20006
www.ucp.org

United Cerebral Palsy Contribution Form

Name: _____

Full Address: _____

Donation Amount

I wish to contribute: \$5,000 \$1,000 \$500 \$250 \$100
 \$50 \$25 Other amount: _____

- I will pay this amount in full now
- I will pay this amount in monthly quarterly installments
- This is a pledge to be paid by _____, in _____ installments of \$ _____

Method of Payment

Check enclosed (made payable to "UCP") Stock transfer Credit Card (V/MC/Amex)

credit card# _____ exp. date _____ signature _____
To make a gift of securities, please call 202-973-7126.

Tribute Gift Information

This gift is in honor in memory in celebration of:

Name

Please notify the following person(s) that this gift was made (note: UCP will send a handwritten notecard simply stating that a gift was made. The amount will not be included.)

Name and Address

Additional Information

- My employer will match this gift: _____ This gift is anonymous
- I'd like to learn more about making a planned gift to UCP

THANK YOU FOR YOUR SUPPORT OF UNITED CEREBRAL PALSY