

WRESTLING TRAINING FACILITY GIFT FORM



DONOR INFORMATION *(please print)*

NAME: _____

COMPANY (if applicable): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

GIFT INFORMATION

I (we) pledge a total gift of \$ _____ to be paid:

NOW MONTHLY QUARTERLY ANNUALLY **Pledges can be paid over a five-year period.*

Please bill me beginning _____ (MONTH) _____ (YEAR)

I (we) plan to make this contribution in the form of:

CASH CHECK CREDIT CARD *(complete info at the bottom)* ACH *(include voided check)*

My (our) company will match this contribution: YES NO

Signature(s) _____

Date _____

Please make checks payable to:
UNI FOUNDATION with
WRESTLING TRAINING FACILITY
in the memo line.

Mail completed form to:
UNI Foundation
121 Commons
Cedar Falls, IA 50614-0239
319-273-7118

THANK YOU FOR YOUR SUPPORT!

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CREDIT CARD TYPE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER: _____ EXP. DATE: _____