

UNI FIGHT INITIATIVE

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 (**paid in full by June 30, 2021**)

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 UNI FIGHT INITIATIVE
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: _____