

UPF Donation Form

A 501(c)3 Non-Profit Organization – EIN 770519274

DONATIONS ARE TAX DEDUCTIBLE

P. O. Box 650458

Potomac Falls, VA 20165-0458

TEL 703-582-3854 FAX 703-738-7044

Donors club members receive DVD of films upon release, invitations to special events, newsletter

1. Please Choose a Level

- I would like to become an UNDERWRITER, making a donation of \$25,000 or more with my name in credits.
- PIONEER - Donation of \$500/month or \$6,000/yr for 3 years.
- PARTNER - Donation of \$250/month or \$3,000/yr for 3 years.
- OTHER RECURRING GIFT \$ _____/yr for 3 Yrs
- \$ _____ ONE TIME Gift

2. Please Choose a Method of Payment and Frequency

Monthly check

___ Check for yr 1 (enclosed) ___ \$ _____ Credit card charge for yr 1

___ Auto Credit card \$ _____ (Monthly) ___ Auto withdrawal debit \$ _____ (Monthly)

3. Please provide Credit Card or Automatic Withdrawal Information (if applicable)

Card Type: (circle one) AMEX MC VISA DISC

Card # _____ - _____ - _____ - _____ Exp ____ / ____ Sign _____

For Automatic Withdrawal from Bank Account (please complete, sign and include a voided check)

I hereby authorize Unity Productions Foundation to withdraw funds from my bank account according to the following terms: \$ _____ per month for 36 months, beginning in ____ mo ____ yr and ending in ____ mo ____ yr My account number is on the enclosed voided check. Signature _____ Date _____.

4. Please provide your contact information

Full Name PLEASE INCLUDE SPOUSE NAME IF JOINT DONATION _____

Street _____ City _____ State _____ ZIP _____

Evening Phone _____ Day Phone _____ E-Mail _____

Cell Phone _____ Fax _____ Spouse Email _____

Profession & Job Title (e.g. Urologist) _____ Today's Date _____

Note _____