

UPF Donation Form

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

DONATIONS ARE TAX DEDUCTIBLE

PO Box 37621

Baltimore, MD 21297-3621

EMAIL: iman@upf.tv

TEL 703-347-1945

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 of a UPF Film.
- ☐ 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

___ 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 _____