



Donation Form

Thank you for considering UCAP for your donation. Your generosity is appreciated and will help support our Mission.

Please complete the form below and Mail or Fax to:

United Communities Against Poverty

1400 Doewood Lane

Capitol Height, MD 20731-0356

301.322.5700

Name

Address

City / State / Zip

Telephone

Email

Please accept my gift in the amount of \$ _____

I want to become a monthly sponsor at \$ _____ per month.

For Memorial or In Honor of Gifts:

My gift is in memory of _____

My gift is in honor of _____

Please send acknowledgment card to:

Name

Address

City / State / Zip

For Memorial or In Honor of Gifts:

Name on Credit Card

Am Exp

Discover

MasterCard

Discover

Account number

Expiration date

3-Digit security code

If your company has a Matching Gift Program, be sure to enclose a matching gift form in order to maximize your contribution!