



# 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!