



UCP Delrey School's Gift Contribution Form

YES, I want to support UCP Delrey School.

Enclosed is my gift of \$ _____.

Contribution Designation

Please designate my gift to (*check one*):

- Programs and Services
- Building Fund
- Extra-Curriculars
- Technology and Equipment
- Area of Greatest Need
- Other _____

Payment Method

- VISA
- Discover
- MasterCard
- Cash
- AmericanExpress
- Check Number: _____

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Cardholder's signature (*required for credit card payments*): _____

Please make checks payable to: **United Cerebral Palsy of Central Maryland**

- My gift is in honor of: _____
- My gift is in memory of: _____

Please notify: Name _____
Address _____

Donor Information

Name (*as it should appear in donor listings*): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (*this will not be used for solicitation purposes*): _____

Email: _____

- I would like my gift to remain anonymous for recognition purposes.
- My company _____ will match my gift (*matching gift form enclosed*).
- I have included UCP in my will.
- I would like more information about leaving a gift to UCP in my will or through financial planning.

Thank you for your support!

United Cerebral Palsy of Central Maryland is a 501(c)(3) non-profit organization.
All gifts are tax deductible to the extent permitted by law.