

<b>UNICO National - UNICO Foundation Pledge/Donation Form</b>
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**Meeting Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Chapter:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Chapter Pledge     Personal Pledge

Amount Pledged \$ \_\_\_\_\_

Payments to be made in:  1 Year     2 Years     3 Years     Other \_\_\_\_\_

<input type="radio"/> 21 <sup>st</sup> Century		<input type="radio"/> Anti Bias
<input type="radio"/> Calendar		<input type="radio"/> Columbus Day
<input type="radio"/> Cooley's Anemia		<input type="radio"/> Italian Studies
<input type="radio"/> Mental Health		<input type="radio"/> St. Jude
<input type="radio"/> Scholarship		<input type="radio"/> UNICO Foundation
<input type="radio"/> "V" Foundation		<input type="radio"/> Other _____

**Make all checks payable to UNICO Foundation**

*We accept American Express/Discover/Mastercard/Visa*

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code from Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_