

**UNICO National - UNICO Foundation
Pledge/Donation Form**

Meeting Location: _____ **Date:** _____

Name: _____ **Chapter:** _____

Address: _____

Phone: _____

Check payable to:
UNICO Foundation

Check payable to:
UNICO National

- | |
|--|
| <input type="radio"/> Cancer Research & Prevention |
| <input type="radio"/> Cooley's Anemia |
| <input type="radio"/> Italian Culture & Heritage |
| <input type="radio"/> Italian Studies |
| <input type="radio"/> Mental Health |
| <input type="radio"/> Scholarship |
| <input type="radio"/> St. Jude |
| <input type="radio"/> Other |

- | |
|--------------------------------------|
| <input type="radio"/> Anti-Bias |
| <input type="radio"/> Armed Services |
| <input type="radio"/> Calendar |
| <input type="radio"/> Columbus Day |
| <input type="radio"/> Other |

PLEDGE: Chapter Personal Amount Pledged \$ _____

OR

DONATION:

Chapter Donation Personal Donation Amount \$ _____

Cash

Check # _____

Credit Card (*We accept American Express/Discover/Mastercard/Visa*)

Number: _____

Expiration Date: _____ Security Code from Card: _____

Signature: _____