

Contribution Form

To make a donation to United Cerebral Palsy by check, money order or Visa/MasterCard, complete this form and mail the donation to:

United Cerebral Palsy
Iris S. & Bert L. Wolstein Center
10011 Euclid Avenue
Cleveland, Ohio 44106-4701

Please make check or money order payable to: United Cerebral Palsy
Donations are 100% tax-deductible!

Step 1:

Gift Information

I would like to make a contribution of \$ _____
to support the programs and services at United Cerebral Palsy.

Step 2:

Contact Information

Title: _____

First Name: _____

Last Name: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone: _____
You will only be contacted by phone if there is a problem with your transaction.

E-Mail: _____

Step 3:

Card Information

Name On Card: _____

Card Type

MasterCard

Visa

Card Number: _____

Expiration Date (mm/yy): _____

Signature: _____

Step 4:

Billing Information

Only if different from Contact Information

Name on Card: _____

Street Address: _____

Zip Code: _____

Step 5:

Tribute/Memorial Donations

I would like to make this donation

in Memory of

in Honor of

If you are making this donation in memory of, or in honor of an individual, please specify his/her name on the "Designee Name" line. On the lines following the "Designee Name" line, please enter the contact information for the person you would like us to notify of this donation.

Designee Name: _____

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____