

**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 Studies, Culture & Heritage |
| <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:** \_\_\_\_\_