



PRINT & SEND DONATION FORM

Please mail your tax-deductible donation with this form to: United Cerebral Palsy Association Of Greater Indiana
8020 Zionsville Road, Indianapolis, IN 46268

Donor Information

First Name: _____ Last Name: _____

Address Information

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Yes, I would like to receive online communications.

Gift Amount (please check one)

\$500 \$200 \$100 \$50 Other Amount: _____

Payment Options

I have enclosed a check I would like to charge my contribution

Card Type: _____ Card Number: _____

Card Exp (MM/YYYY): _____ Sec Code _____ Signature: _____

Honor/Memorial Gifts

If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgment, please include their address.

In Honor Of **In Memory Of:**

First Name: _____ Last Name: _____

Please send notification to:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for your help! You will receive an acknowledgment for tax purposes.