



East Orange/Bailes Campus Capital Campaign Pledge Form

"I want to be part of UCP's innovative new center where all children belong!"

Name: Company (if applicable):

Address:

City/State/Zip:

Phone: Email:

Pledge Information

Total Pledge amount: Amount enclosed: \$

(Please make check payable to UCP of Central Florida Inc.)

Charge my Visa Master Card American Express VIN Number:

Card Number: Exp Date: CVV Code:

Please send reminders: Annually Semi-annually Quarterly Other

Number of years of pledge: 1 2 3 @ \$ per year

Gift Acknowledgement?

How would you like your recognition to be listed?

Signature: Date: