



PLEDGE FORM

United Cerebral Palsy Sarasota Manatee, Inc.

Please acknowledge this gift as follows:

Name: _____

Company (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Pledge Information

Personal or Corporate Donation

In Memory of _____

In Honor of _____

Pledge amount: Amount enclosed: \$ _____

(Please make check payable to UCP of Sarasota-Manatee, Inc.)

Visa Mastercard American Express Check

Card Number: _____ Expiration _____/_____/_____

Name on credit card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Signature _____ Date _____

On behalf of the children and families, we thank you for your support!

Please send check and form to:

United Cerebral Palsy Sarasota Manatee, Inc.

1090 S. Tamiami Trail

Sarasota, FL 34236