

UNITEDPERFORMINGARTSFUND

Please choose one of the following:

			□ СНЕСК	enclosed, r	nade payabl	e to UPAF		
			CREDIT	CARD	☐ Visa		Discover	☐ AmEx
Designate my first-time gift or any in	ncrease in my rene	ewal to Kasev's Fund.		Card #	one time			Exp. Date
I am in my 20s, 30s or 40s and would	ld like to be a part	of Next Generation UPAF	OR					
(three membership levels with gifts  Renew my membership or designate				_		monthly x		
more to UPAF Notable Women.  I would like to learn about Planned (	Givina through my	estate.				12 months, \$10 total gift n		
Please waive my UPAF benefits.		☐ Home ☐ Work	_		gift minimu year. Address req	_	y	year
Preferred Phone	□ cen [					TOTAL U	JPAF GIFT AMO	DUNT: \$
Preferred Email (Required to receive ful	Il donor benefits )							•
- Treferred Entail (Required to receive in	in dollor beliefics.)							Date lowed by the law. Consult your tax ad: 3   414-273-UPAF (8723)   www.UPA
UNITEDPERFORMINGARTSFUND		ONLINE at F.org/donate	Please cho	oose one of	the followin	g:		
	☐ CHECK enclosed, made payable to UPAF							
			☐ CREDIT	CARD	□ Visa	☐ MasterCard	Discover	AmEx
			_					
□ Designate my first-time gift or any increase in my renewal to Kasey's Fund. □ I am in my 20s, 30s or 40s and would like to be a part of Next Generation UPAF (three membership levels with gifts of \$250+, \$500+ or \$1,000+). □ Renew my membership or designate my new or increased gift of \$1,000 or more to UPAF Notable Women. □ I would like to learn about Planned Giving through my estate. □ Please waive my UPAF benefits.			Charge one time  OR Charge \$ monthly x months  First of the month, maximum 12 months, \$10 total gift minimum.  BILL ME (\$10 total gift minimum):					
Preferred Phone	Cell [	☐ Home ☐ Work				TOTAL (	UPAF GIFT AMO	DUNT: \$
Preferred Email (Required to receive ful	Il donor henefits )							
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UNITEDPERFORMINGARTSFUND		ONLINE at F.org/donate	Please cho	ose one of	the followin	g:		
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			☐ CREDIT		nade payabl		☐ Discover	□ AmEv
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				Card #				Exp. Date
Designate my first-time gift or any in I am in my 20s, 30s or 40s and would				☐ Charge	one time			
(three membership levels with gifts	of \$250+, \$500+ o	or \$1,000+).	OR	' □ Charge	\$	monthly x	months	
Renew my membership or designate more to UPAF Notable Women.				_		12 months, \$10 total gift n	ninimum.	
☐ I would like to learn about Planned C☐ Please waive my UPAF benefits.		estate.  Home Work	_		gift minimu year. Address req	_	y	year
Preferred Phone		<u> </u>				TOTAL U	JPAF GIFT AMO	DUNT: \$
Preferred Email (Required to receive ful	Il donor benefits.)							
-	ail (Required to receive full donor benefits.)  Signature				Date			

UPAF is a nonprofit 501(c)(3) organization. Your payment to UPAF is deductible to the fullest extent allowed by the law. Consult your tax advisor to determine the deductibility of your payment. 301 W. Wisconsin Ave., Suite 600, Milwaukee, WI 53203 | 414-273-UPAF (8723) | www.UPAF.org