



DONATE ONLINE at
www.UPAF.org/donate

- ☐ 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.

☐ Cell ☐ Home ☐ Work

Preferred Phone

Preferred Email (Required to receive full donor benefits.)

Please choose one of the following:

☐ **CHECK** enclosed, made payable to UPAF

☐ **CREDIT CARD** ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Card # Exp. Date

☐ **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):** ☐ Monthly ☐ End of year

Balance due end of calendar year. Address required.

TOTAL UPAF GIFT AMOUNT: \$

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

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