



VUNA International Sponsorship Form

Donor Information (please print or type)

Name	_____
Billing address	_____
City, ST Zip Code	_____
Phone 1 Phone 2	_____
Fax Email	_____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit Card Type Visa America Express Master Card Discover

_____ / _____
Card Number Expiry Date: MM YY

_____ / _____
Cardholder Name Authorized Signature Date

Gift will be matched by (foundation) _____

form enclosed form will be forwarded

CHECK – Enclose a check payable to VUNA International for your first gift and pay each month on receipt of a pledge reminder.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, or other gifts payable to:

VUNA International
[Street Address]
[City, State ZIP Code]