

United Friends School Giving Form

Name _____

Mailing Address _____

City, State, Zip _____

Telephone () _____ Email _____

I/we wish to support United Friends School with a donation by check credit card of:

\$40 \$60 \$100 \$200 \$500 \$1,000 Other \$ _____

Please make checks payable to United Friends School

For credit cards, please fill out below:

Visa MasterCard American Express Discover

Name as it appears on the card _____

Credit Card Number _____

Expiration Date _____

I/we wish to donate: In full Monthly for _____ months

Please apply my gift to:

Annual Giving Capital Campaign Restricted to _____ Other _____

My affiliation is Parent Alumni Parent Grandparent Trustee Alum Friend

Signature _____ Date _____

Please mail to: UFS, 1018 W. Broad St., Quakertown, PA 18951 att: Development

Credit Card gifts may be faxed to 215-538-1239.

If you wish to make a gift of stock, please contact your broker and our Office at 215-538-1733x224

THANK YOU FOR YOUR GIFT TO UNITED FRIENDS SCHOOL