



UNITED HEROES LEAGUE

#BEUNITED DONATION 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

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

Credit Card Type | Exp. Date _____

Credit Card Number _____

CVV - 3 Digit Code _____

Authorized Signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

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, corporate matches,
or other gifts payable to:

UNITED HEROES LEAGUE
c/o #BeUnited
15211 Ravenna Trail
Hastings, MN 55033

