



Endowment Fund Commitment

Company/ Donor Name

Primary Contact

Address

City State Zip

Phone Fax Email

Alternate Contact Phone Email

Yes, I/we will make a contribution to the UDS Endowment Fund Commitment Plan

My commitment of \$_____

Will be made in _____ payments of \$_____

Signature of Primary Contact Date

Payment Options:

___ Check Enclosed ___ Credit Card ___ Please Bill: Payment will be made by _____

Credit Card# - Circle One Exp Date
Visa Mastercard American Express Discover

Name as it appears on credit card Signature

Please mail original form to
United Disabilities Services 1901 Olde Homestead Lane PO Box 10485 Lancaster PA 17605-0485
Attn: Gerald Meck, UDS Foundation

Your contribution is tax deductible. United Disabilities Services encourages you to be confident in your charitable giving. A copy of our official registration and financial information may be obtained from the Pennsylvania Department of State by calling 1-800-732-0999. Registration does not imply endorsement. If you prefer not be contacted by UDS please call UDS at (717) 397-1841.