

# WE ARE UA ANNUAL APPEAL 2018-2019

“One Dream...One Campus”  
**UNION ACADEMY FOUNDATION**



Give today to the  
**We Are UA 2018-2019 Appeal**

Each UA student\* in your household will receive  
 a uniform approved t-shirt to wear throughout  
 the 2018-2019 school year.  
 \*minimum donation \$10 per student



NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_

I (We) commit to supporting the “We Are UA” Annual Appeal.

Renew my Pledge       New Pledge

\$25 per month (\$300/year)       \$ \_\_\_\_\_ One Time Gift  
 \$50 per month ( \$600/year)       \$ \_\_\_\_\_ Monthly  
 \$100 per month (\$1,200/year)       \$ \_\_\_\_\_ Annually

Paid through :

Cash     Check # \_\_\_\_\_     Credit Card     Bank Draft

\*\*\*Please see reverse for monthly Credit Card or Bank Draft\*\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your employer match your donation? If yes, Company Name \_\_\_\_\_

Student Name	Shirt Size	Homeroom

**Thank you for making a difference! All gifts are tax deductible. Tax ID # 56-2278618**

**Monthly Giving by Bank Draft**

Please complete information below and return to the Union Academy Foundation along with a **voided** check.

I, \_\_\_\_\_ authorize my bank to make my payments and post it to my account.

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Please draft \$ \_\_\_\_\_ from my account on the 4th or the 19th (circle one) day of each month beginning \_\_\_\_/2018.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write the Union Academy Foundation. Change of payment method will not affect other provisions or terms of my contract.

**Giving by Credit Card Processing (One time or Monthly)**

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

For Monthly Giving, please fill out the following,

Please draft \$ \_\_\_\_\_ from my account on the 4th or the 19th (circle one) day of each month beginning \_\_\_\_/2018.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write the Union Academy Foundation. Change of payment method will not affect other provisions or terms of my contract.

[www.WeAreUA.org](http://www.WeAreUA.org)

**FOR OFFICE USE ONLY**

Payment Amount \_\_\_\_\_ Via \_\_\_\_\_ Conf. \_\_\_\_\_

Youth Sizes: \_\_\_YS \_\_\_YM \_\_\_YL

Adult Sizes : \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL \_\_\_A2XL \_\_\_A3XL

Circle One: Shirts Given or Shirts Due

Foundation Volunteer \_\_\_\_\_ Date \_\_\_\_\_