



Unlimited Abilities Foundation, Inc.

Donor Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Telephone (Cell)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____

To be paid: One Time _____ Monthly _____ Quarterly _____ Yearly_____.

I (we) plan to make this contribution in the form of: Cash: _____ Check: _____.

Programs that you will be supporting

General Fund: _____ Spinal Cord Injury Programs: _____

Disabled Dive Programs: _____

Acknowledgement Information

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

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All gifts will remain anonymous unless specified differently. _____

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to: Unlimited Abilities Foundation

Unlimited Abilities Foundation, Inc.
160 W Camino Real #130
Boca Raton, FL 33432
You can Mail this form to the above addresses.