

United Good Neighbors Donation Form

I would like to make a gift of \$_____

I prefer to pay by: Check Visa Mastercard

_____ **Card number** **Expiration date**

_____ **Signature**

Please bill me for:

\$_____ **Quarterly** or \$_____ **Monthly**

for a total donation of \$_____

Please bill me starting _____ / _____ / _____

_____ **Name**

_____ **Address**

_____ **City** **State** **Zip**

_____ **Phone**