

## Donation form 2020

### Funder Information (please print):

Funder Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### My gift to support UNOS' lifesaving work:

\$50       \$100       \$250       \$500       \$1,000       Other \$ \_\_\_\_\_

### Payment Information:

Check: Please make your tax deductible contribution payable to:  
UNOS  
Philanthropy Department  
700 North 4<sup>th</sup> Street  
Richmond VA 23219

Charge my gift to:     MasterCard     VISA     American Express  
Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Gift in Tribute:

**This gift is made**     in honor of     in memory of:

Person's or Organization's Name: \_\_\_\_\_

**Please send notification of my gift to:**     Yes     No

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name as you would like to appear on notification**

\_\_\_\_\_

**Thank you for your support!**

Please contact the Philanthropy Department if you have any questions at  
(804) 782-1511 or email [Molly.Everett@unos.org](mailto:Molly.Everett@unos.org).