

## Yes, I care and want to create Life Without Limits for People with Disabilities

Enclosed is my tax deductible gift of:

\$ 1500                       \$ 500

\$ 1000                       \$ 250

\$ 750                       \$ 100

Other \$ \_\_\_\_\_

Thank You!

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

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

I would like to become involved as a  
Volunteer

I would like to tour UCP Program sites

I would like information on UCP Planned  
Giving Opportunities

Enclosed is my check, payable to UCP Suffolk

Please charge my:

Visa    MasterCard    American Express

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

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

Phone # \_\_\_\_\_

I'm enclosing my employer's matching gift form

I have included UCP Suffolk in my will or estate  
planning

*For information about gifts of securities or estate  
planning, please call the UCP Development office  
at (631) 232-0015*

