

# Pledge Form

I pledge my support toward the sponsorship of:

\_\_\_\_\_  
NAME OF PERSON YOU ARE SPONSORING

\$ \_\_\_\_\_  
AMOUNT OF PLEDGE

I have enclosed a check to “UMPS CARE Charities”

Please bill my credit card: ( ) VISA ( ) MASTERCARD ( ) AMEX

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

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Signature (required): \_\_\_\_\_



## Donor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Submit to:** UMPS CARE Charities      **or Fax to:** 518-768-2791  
463 Stove Pipe Road  
Voorheesville, NY 12186

UMPS CARE Charities is a 501(c)3 non-profit. Our Federal Tax ID Number is 20-5465714. All donors making donations of \$100 or more will receive a tax-receipt. Donors making donations of less than \$100 may also request a tax-receipt. Tax receipts will be mailed approximately four weeks after the event.

Note: In the event that any golfer is unable to participate, all donations will support event beneficiaries.