



FRIENDS OF UCIAF

PLEASE PRINT

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

HOME PHONE: _____ OCCUPATION: _____

COMMITTEES: PLEASE CHECK 1 OR MORE COMMITTEES THAT YOU CAN CONTRIBUTE TIME/TALENT

AWARDS/DONATIONS: ____ CULTURAL EVENTS: ____ COMMUNITY CARE: ____

FUND RAISING: ____ PR/SOCIAL MEDIA: ____ FESTIVAL: ____

HERITAGE:

MOTHERS LINEAGE NAME: _____ COUNTRY: _____

FATHER LINEAGE NAME: _____ COUNTRY: _____

ANNUAL DONATION PER YEAR:

INDIVIDUAL: \$35. ____ SENIOR (65 OR OLDER): \$25. ____ VETERAN: \$20. ____ STUDENT: \$20. ____

FAMILY: \$60 ____

SIGNATURE: _____

DATE: _____

PLEASE MAKE CHECKS PAYABLE: UCIAF, PO BOX 4427, KINGSTON, NY, 12402

9/20/2022