

**FRIENDS OF UCIAF**

**PLESE PRINT**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OFBIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRING MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

AWARDS/DONATIONS:\_\_\_\_ CULTURAL EVENTS:\_\_\_\_ COMMUNITY CARE:\_\_\_\_ SPONSORS:\_\_\_\_

FUND RAISING:\_\_\_\_\_ PR/SOCIAL MEDIA:\_\_\_\_\_ FESTIVAL:\_\_\_\_\_ MEMBERSHIP\_\_\_\_\_

**HERITAGE:**

MOTHERS FAMILY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY OF LINEAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHERS FAMILY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY OF LINEAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL DONATION PER YEAR:**

INDIVIDUAL: $35\_\_\_ SENIOR (65 OROLDER) $25\_\_\_ VETERAN: $20\_\_\_ STUDENT: $20\_\_\_

FAMILY: $60\_\_\_

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE MAKE CHECKS PAYABLE TO: UCIAF, P.O. BOX 4427, KINGSTON, NY, 12402**

01/03/2024