Ulster County
ITALIAN AMERICAN
FOUNDATION

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