

MAIL-IN DONATION FORM

To make a donation by mail, please type or clearly print your information into this form, print it out, and send with your credit card information, a check, or a money order payable to "Council of Urban Professionals" to: The Council of Urban Professionals, **Attn: Accounting Department**, 55 Exchange Place, Suite 401, New York, NY 10005.

Your generosity will increase CUP's capacity to deliver our programs, support a pipeline of diverse emerging leaders, and fulfill our vision to seek racial, ethnic, and gender parity in the highest business and civic leadership positions in the U.S.

DONOR INFORMATION

*FIRST NA	AME:		*LAST NAME:				
Company/	Organization (<i>if ap</i>	plicable):					
			Address Line 2:				
			*STATE:	*	*ZIP/POSTAL CODE:		
*EMAIL:			*PRIMARY PHONE #:				
* Required	d Fields		GIFT INF	ORMAT	ION		
DONATIO	N AMOUNT: (circ	le one)					
\$1,000 \$500 \$250		\$250	\$100	\$50	\$50 Other Amount: \$		
PAYMEN ⁻	T TYPE: (circle on	e)					
Check/Money Order (please attach to form):				l	Master Card	American Express	
Credit Card Number:				Expii	Expiration Date (mm/yy): Security Code		
Cardholde	er Name:						
TYPE OF DONATION: (circle one)			One Time Donation		Recurring Monthly Donation		
COMPLE	TE THE FOLLOWI	NG FIELDS	IF THIS GIFT IS A	TRIBUTE	(optional)		
Type of Tribute (circle one):			n Memory Of		In Honor Of		
Person's F	First Name:		Person	's Last Na	me:		
Send an A	Acknowledgement t	o: (include fu	ıll name and addres	s)			
			SIG	SN UP			
WOULD Y	OU LIKE TO REC	EIVE REGU	LAR EMAIL UPDA	TES FRO	M CUP? (circle one)		
Yes, sign	me up! My E	Email Addres	s:				

CUP Institute is exempt from tax under Internal Revenue Code ("Code") Section 501(c)(3) and not a private foundation under Code Section 509(a)(1). For tax purposes, CUP's EIN Number is: 01-0683413. Please consult your tax advisor regarding the tax deductibility of a portion of your payment.

No, thank you.