



2024 Century Club Enrollment Form

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Work Information

Business Name: _____

Title: _____

Address: _____
Street Address *Suite #*

_____ *City* *State* *ZIP Code*

Work Phone: () _____ Fax Number: () _____

Payment by Check payable to UCS Foundation, or please circle one:
If paying by credit card, please indicate the **zip code associated with that credit card.**
Payment also accepted through the DONATE portal at ucsfoundation.org.

VISA AMEX MC DISCOVER

Card Number _____ Security Code _____

Card Holder's Name _____ Expiration Date _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Donor Support Level: \$ _____

Innovator - \$150, Visionary - \$250, Legacy - \$350+

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