Your donation is appreciated.

Unity of Gainesville thanks you for your financial support of our mission of providing loving sanctuary, spiritual support, and abundant educational, experiential and service opportunities for all who come to us seeking a positive connection with the Holy Spirit based on the practical principles of New Thought Christianity and Unity.

**Donate by filling out and submitting this form. All donations are tax deductible.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ YES, sign me up for weekly “Unity Messenger” emails.

**Donation Offertory Statement**: *“Divine love, through me, blesses and increases all that I give, all that I receive, and all that I have. I give in love because I love to give.”*

□ I would like to make a One-Time Gift.

□ I would like to make a Recurring Gift. *[Please indicate frequency and fill in billing information below.]*

Frequency: \_\_\_\_ Weekly Gift *(processes every 7 days)* \_\_\_\_ Bi-Weekly Gift *(processes every 14 days)*

 \_\_\_\_ Monthly Gift\*\* \_\_\_\_ Quarterly Gift\*\* \_\_\_\_ Annual Gift\*\*

 \*\* On the: \_\_\_\_ 1st of the month \_\_\_\_ 15th of the month \_\_\_\_ 25th of the month

Start Date of Recurring Gift: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)*

□ I wish to make this: \_\_\_\_\_ A Memorial Gift \_\_\_\_\_ An Honor Gift

 Name in Memory/Honor of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *All donations will be applied to the General Fund.*

Donation Amount = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add 3% fee + \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ *YES, I would like to pay the 3% processing fee associated with my*

 *donation. (Please multiply donation amount by .03 and enter at left.)*

TOTAL DONATION = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[required]*

□ Check/Money Order enclosed *[payable to Unity of Gainesville]*

□ Please bill: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Debit Card

 Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_/\_\_\_\_\_\_ *(mm/yyyy)*

*I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease or suspend my gift at any time through the Online Donation Form at* [*www.unitygainesville.org*](http://www.unitygainesville.org) *or by contacting Unity of Gainesville by phone or mail. All donations provided to Unity of Gainesville comply with U.S. laws and regulations.*

 \*Signature required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL TO: Unity of Gainesville, 8801 NW 39th Ave., Gainesville, FL 32606 \* (352) 373-1030 \* [www.unitygainesville.org](http://www.unitygainesville.org)

Please make a copy of this form for your records.