



Unity of Olympia is a Center for Spiritual Awakening
Yes! I want to continue giving the gift of Unity to people in Olympia and around the world, and I want to get started NOW!

Full Name(s) Both names if pledging with spouse/partner: Please Print

Address:

City & State: Zip:

Home phone: Cell phone(s):

E-mail(s) (print):

Unity is making a difference in my life; I joyfully commit to support the 2018/2019 general fund with a gift of:

\$ _____ per Week / Month / Quarter / Year

Your tithes and offerings are welcome on Sunday morning during the offertory.

Thank you for making a difference in this ministry—You are the channel through which God's source flows. It's because of you that this Sanctuary and these teachings are here for you.

I live in the Unlimited Flow of Divine Abundance and I Give Joyfully

If you would like to give electronically, we offer two easy options:

MEMBER MANAGED - You can manage your donations by using the secure online system. You can give a one time gift or set up recurring gifts which you can change at any time with a credit or debit card. Go to our website at www.UnityofOlympia.org and click on the Donate button to register.

CHURCH MANAGED - Transactions scheduled by you with a credit card or checking account to automatically transfer funds to the church on the 5th and/or 20th of the month. You can set up an automatic transfer or change an existing transfer with the form below. Return to the church office and we will do the rest.

Check here if you are already using one of these methods and would like to continue with No changes.

Withdraw on the 5th \$ _____ per month

Withdraw on the 20th \$ _____ per month

I (we) authorize Unity of Olympia to begin making withdrawals from the account below. Please charge my account as indicated below, beginning with the month of _____. This authority is to remain in effect until Unity of Olympia has received notification from me/us of its termination or alteration.

Signature: _____ Date: _____ (Joint account) Spouse's _____

___ Credit / Debit Card

___ Bank Withdrawal

Card Type: (Circle)

Account type: ___ Checking ___ Savings

MC / Visa / AMEX / Discover

Routing Number: _____

Account No. (Print clearly)

Account Number: _____

Credit Card # _____

Expires: ___ / ___

* All financial information is secured and protected.