



2020 Donation Form

Date: _____
Name: _____
Company: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____

PAYMENT METHOD

Amount of Donation: \$ _____

CASH Check Visa Mastercard American Express Discover

Number: _____ Expiration Date: _____

CSV: _____ Creditcard Billing Zip Code: _____

Signature: _____

COMMENTS / SPECIAL INSTRUCTIONS:

The Unity Shoppe is a 501 (c)(3) Public Benefit Corporation that encourages self-sufficiency and independence by providing education and the necessities of life to families, children, seniors and persons with disabilities during periodic times of crisis. These necessities are provided, at no charge, in a dignified manner without regard to political affiliation, religious belief or ethnic identity.