



the generosity trust



345 Frazier Ave, Unit 205
Chattanooga, TN 37405
Tel: (423) 266-5257
Fax: (423) 265-0949

Unidos en Compasión Participation Agreement

Name	Email
Address	City, State, Zip
Cell Phone	Birthdate
Monthly Gift Amount: _____	

What: Unidos en Compasión is a collective grant-making group. A contribution of \$50 a month gives you one vote at each Unidos en Compasión grant meeting.

How to Give: There are several ways you can give to Unidos en Compasión:

1. Donor-Advised Fund – Open a donor-advised fund at The Generosity Trust and make a monthly internal transfer to Unidos en Compasión.
2. TGT set up a bank draft. Please see attached a bank draft or ACH form to set up your monthly gift. Complete and return to Sarah Paone: sarah@thegenerositytrust.org.
3. Online Giving – Click [here](#) to give by credit card. You can set up a recurring gift to the Unidos in Compassion by completing the form and clicking on “Make this Gift Recurring.” There is 2.9% transaction fee to cover the credit card processing fees.
4. Check – Make payable to The Generosity Trust with Unidos en Compasión in the memo line and mail to:
The Generosity Trust
345 Frazier Avenue, Unit 205
Chattanooga, TN 37405

I hereby join Unidos en Compasión	
_____	_____
Name	Date

Return Form to Marsha Sturm (marsha@thegenerositytrust.org)



ACH AUTHORIZATION AGREEMENT

I (we) hereby authorize The Generosity Trust, hereinafter referred to as TGT, to initiate entries from my (our) checking/savings account at the Financial Institution indicated below. If necessary, TGT has my (our) authorization to initiate adjustments for any transactions credited/debited in error. This authority is to remain in full force and effect until TGT is notified by me (us) in writing to cancel this agreement in such time as to afford TGT and my Financial Institution a reasonable opportunity to act on it.

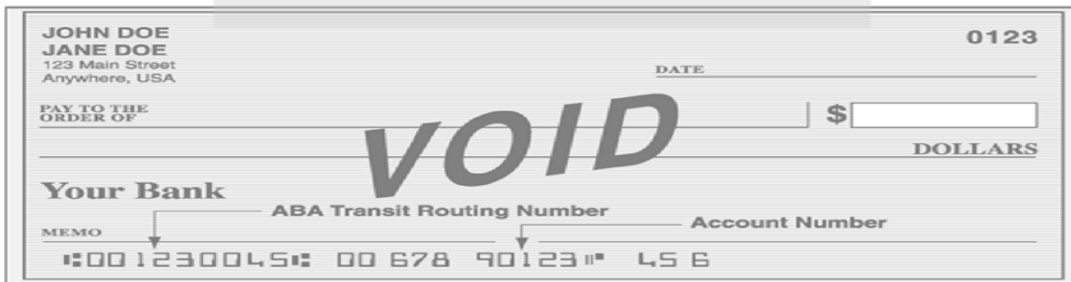
SECTION I: ACCOUNT HOLDER INFORMATION

PRIMARY ACCOUNT OWNER		JOINT ACCOUNT OWNER (if applicable)	
NAME		NAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

SECTION II: FINANCIAL INSTITUTION INFORMATION

NAME	CITY	ST	ZIP
ROUTING NUMBER *		ACCOUNT NUMBER	

Please adhere, with tape, a voided check from which your distributions will be made from



* Please note, some financial institutions, such as SunTrust, may have a different ACH routing number from the bank routing number. Please check with your Financial Institution if you are unsure of the applicable number.*

SECTION III: DISTRIBUTION INFORMATION

Fund/Organization Name:				Amount to withdraw:			
Frequency:	<input checked="" type="checkbox"/> One-Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	Date to withdraw:	<input type="checkbox"/>	<input type="checkbox"/> 21 st
Additional donor notes:							

The Generosity Trust Attn: Sarah Paone 345 Frazier Avenue, Unit 205 Chattanooga, TN 37405	Please submit this form to Sarah Paone via mail or email: sarah@thegenerositytrust.org
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If you have any questions, please call (423) 266-5257