



## The Generosity Trust

345 Frazier Avenue, Unit 205

Chattanooga, TN 37405

Tel: (423) 266-5257

Fax: (423) 265-0949

### Unidos en Compassion Participation Agreement

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

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

#### How to Give:

There are several ways you can give to Unidos en Compassion:

1. Donor-Advised Fund – Open a donor-advised fund at The Generosity Trust and make a monthly internal transfer to Unidos en Compassion.
2. TGT set up bank draft. Please see attached a bank draft or ACH form to set up your monthly gift. Complete and return to Jennifer Sheffield: [jennifer@thegenerositytrust.org](mailto:jennifer@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 – Mail a check:

The Generosity Trust  
345 Frazier Avenue, Unit 205  
Chattanooga, TN 37405

Make checks payable to The Generosity Trust with Unidos en Compassion in the memo line.

I hereby join Unidos en Compassion	
_____	_____
Name	Date

Return Form to Jennifer Sheffield ([jennifer@thegenerositytrust.org](mailto:jennifer@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.

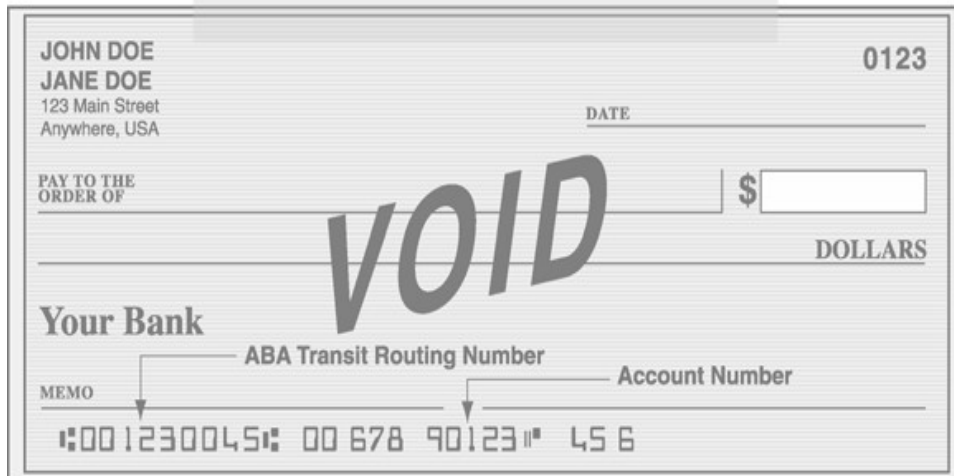
### SECTION I: ACCOUNT HOLDER INFORMATION

PRIMARY ACCOUNT OWNER	
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

Your Fund Name: Unidos en Compassion				Amount to withdraw:			
Frequency:	Semi-Monthly	Monthly	Quarterly	Annually	Date to withdraw:	5 <sup>th</sup>	21 <sup>st</sup>
Additional donor notes:							
Please submit this form to Jennifer Sheffield via mail or email:							
The Generosity Trust Attn: Jennifer Sheffield 345 Frazier Avenue, Unit 205 Chattanooga, TN 37405				jennifer@thegenerositytrust.org			

If you have any questions, please call (423) 266-5257