SUSTAINER GIVING FORM

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

☐ **Check here to receive our monthly newsletter!**

Donation Amount: _____ **$**5.00 _____ **$**25.00 _____ **$**50.00

_____ **$**100.00 **$** _____ Other Amount (***$5.00 minimum)***

As a: _____ One-Time Gift

_____ Weekly Gift* - ***(processes every 7 days)***

_____ Bi-Weekly Gift* - ***(processes every 14 days)***

_____ Monthly Gift* ***on the:*** _____1st of the month **OR** _____15th of the month

_____ Quarterly Gift* ***on the:*** _____1st of the month **OR** _____15th of the month

_____ Semi-Annual Gift* ***on the:*** _____1st of the month **OR** _____15th of the month

_____ Annual Gift* ***on the:*** _____1st of the month **OR** _____15th of the month

Please start my *recurring gift* on:** _____/_____/_____ ***(mm/dd/yyyy)

Comments: _____

_____ **Enclosed is a voided check for my donation**. Please transfer my gift from my checking account.

OR

_____ **My credit card information is listed below for my donation**. Please transfer my gift from my credit card.

Credit Card Number _____ **Expiration Date** ____ /_____

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.purityworks.org or by contacting PurityWorks, Inc. by phone or mail. All donations provided to PurityWorks, Inc. comply with U.S. laws and regulations.

Signature _____ **Date** _____
(Required)

Please make a copy of this form for your records or you can request a copy from

PurityWorks, Inc. • 2314 Boxwood Lane • Knoxville, TN 32728 • (407) 792-8144
www.purityworks.org • info@purityworks.org