



I will bless the following:

Name of blessing: _____

Total amount I will pay toward the blessing: \$ _____

Register to pay: \$ _____

- Weekly Monthly
 Quarterly Semi-Annually

Payment method:

Check/Cash

Givelify



PayPal



Credit Card

Credit Card Number

Expiration Date

Address

Zip Code

Name: _____

Phone: _____

Email Address: _____

I agree that if the funding goal for a specific item is met, Unity of Santa Barbara may use my contribution to fund another Blessings Registry item.

I would like to be contacted if a change is requested in the use of my contribution.

Signature: _____

Date: _____