



DONATION FORM

Donor/Business Name: _____

Address: _____ Phone Number: _____

Business Contact Name: _____ Email: _____

Please Choose Your Donation Amount Below:

Donation Amount

\$25.00 _____

\$50.00 _____

\$100.00 _____

\$250.00 _____

\$500.00 _____

\$1,000.00 _____

A different amount \$ _____

Receipt Needed: Yes / No **Paid By:** Cash / Check / Credit Card via PayPal

THANK YOU FOR SUPPORTING UNITYFEST!!

For More Info & Volunteer Opportunities, Email: unityfest01@gmail.com or Visit: unityfestusa.com

To mail form & payment, send to: Unityfest c/o Christy Reid, 1851 Joel Rd, Carthage, NC 28327