DONATE BY MAIL FORM

OPERATION BLESSING

Step 1: Provide your donor information.

Name_____

Address_____City_____State_____Zip_____

Phone_____E-mail_____

Step 2: Choose the frequency of your gift.

☐ **Monthly Gift**

☐ $19 ☐ $50 ☐ $100 ☐ Other Amount $_____

☐ **One-Time Gift** $ _____

Step 3: Choose your donation option. (A, B, or C below)

A Checking or Savings Withdrawal *(for Monthly Gifts Only)*

I hereby authorize Operation Blessing to debit my: ☐ **Checking Account** ☐ **Savings Account** at the financial institution named below for the monthly pledge amount marked above.

I am enclosing *(required for checking accounts)*:

☐ A check or sharedraft in the monthly pledge amount ☐ A voided check or sharedraft

I would like my monthly pledge to be withdrawn from my account on the _____ of each month (any day from the 2nd through the 28th of each month).

Name of financial institution_____

My financial institution's routing number_____

My account number_____

For savings accounts, please check with your financial institution to determine if your savings account can be used for this type of transaction.

B Credit or Debit Card To accept and process your contribution by credit card, all information must be completed.

I hereby authorize that my contribution of $_____ be charged to my:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name *(print as it appears on card)*_____

Card Number_____Expiration Date _____ /_____ Card Security Code ____ ____ ____
(ON BACK OF CARD)

Cardholder's Name_____Cardholder's Signature_____

For Monthly Gifts only

I hereby authorize Operation Blessing to charge my credit/debit card listed above on a monthly basis. I would like my monthly pledge charged to my card on the _____ of each month (any day from the 2nd through the 28th of the month).

I understand that this authorization to debit or charge my account for my monthly pledge amount will remain in effect until I notify OBI in writing or by phone that I wish to end this agreement, allowing OBI reasonable time to act on it, or until OBI has sent me 10 days' written notice that they wish to end this agreement. OBI address and phone number for notification: Operation Blessing, Attn: Partner Relations Department, 977 Centerville Turnpike, Virginia Beach, VA 23463, 844-577-0007.

Signature_____Date_____

C I want to pay by check ☐ I am including my check payable to Operation Blessing

Step 4: Mail form. Operation Blessing | 977 Centerville Turnpike | Virginia Beach, VA 23463