

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I would like my monthly pledge to be withdrawn from my account on the _____ of each month (any day from the 2nd through the 28th of each month).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