

**Step 1: Provide your donor information.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**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I would like my monthly pledge to be withdrawn from my account on the \_\_\_\_\_ of each month (any day from the 2nd through the 28th of each month).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 OB in writing or by phone that I wish to end this agreement, allowing OB reasonable time to act on it, or until OB has sent me 10 days' written notice that they wish to end this agreement. OB 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