DONATE BY MAIL FORM

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I would like my monthly pledge to be withdrawn from my account on the ______ of each month (any day from the 2nd through the 28th of each month).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

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