



Recurring Donation Form

Print this file, fill it out in ink and mail to: OSSO, P.O. Box 345, Rexburg, ID 83440

Date _____

Donor Information

Name _____

Address _____
Street Apt # City State Zip Code

Primary Phone () _____ Secondary Phone () _____

E-mail Address _____

Donation Information

I would like my donation used for the following: (please describe)

_____ We'll try to fulfill your preference(s) as much as possible according to our policies.

I would like to donate \$_____:

- every two (2) years
- annually
- semi-annually
- quarterly
- monthly

- Forms received by the 15th of the month will start in the current month for recurring donations; form received after the 15th of the month will start the following month. Subsequent donations are generally charged on the first business day of a month.
- **Recurring donations will be ongoing and continue to be charged until you notify us otherwise.**

Payment Information

Please charge my credit card according to the above schedule and amounts (all amounts in U.S. dollars).

Card Type: Visa MasterCard

Card Number _____ Exp. _____
Month/Year

3-digit Number on back of card _____

Name as Shown on Card _____

Billing Address for Card _____

Billing Phone Number for Card () _____

Cardholder Signature _____

authorizing this credit card to be charged per agreement herein