



Change Someone's Destiny Today

Confidential Donation / Pledge Form

OAR will not share your personal contact information with any other organization. All of the information you provide will be kept confidential.

Donor Information:

Name _____
Address _____
City _____
Zip _____
Phone Home () _____
Work () _____
Email _____

- Please contact me about a major gift or arranging for a planned gift in the form of an annuity, will, or estate planning.
I have included OAR in my estate planning.

Please use my gift for:

- The Annual Fund
~ OAR will use your gift where it is most needed.
The Community & Family Program

Amount of Gift or Pledge:

A Gift is what you are sending today, a pledge is a commitment to make a gift in the future.

- \$5000 \$500 \$100
\$2500 \$365 (one dollar a day)
\$1000 \$250 \$ _____

Pledge, number of installments: _____
Dates of installments: _____

Please make checks payable to OAR

Your contribution is tax deductible.

To pay by credit card:

- Discover MasterCard Visa

Name as it appears on the card: _____
Card number: _____
Expiration Date: _____
Security Code on back of card: _____

Signature & Date

Become a Destiny Changer

Through Regular Giving

Just sign up for monthly automatic donations via credit card or electronic funds transfer. Your gift will be automatically transferred from your checking, savings, or credit card. Confirmation of your contribution will be shown on your monthly bank or credit card statement. Regular monthly automatic giving increase the value of your gift to OAR by providing solid, predictable monthly support and reducing the expense of mailing and check processing.

Here's how to get started:

Determine the amount you wish to give each month: \$ _____

Select a date of the month (or quarter) when your donation should be scheduled:

- "I would like my donation scheduled for the _____ of each month."
"I would like my donation scheduled every three months beginning on _____."

Financial Institution Information:

Please select the account from which you plan to donate.

Checking Account # _____
Savings Account # _____

Name of Financial Institution (please print):

Bank Phone Number: () _____

Bank Transit

Routing Number: _____

I hereby authorize OAR, Inc. to initiate debit transactions to my checking/savings account at the financial institution listed on this form. This authority will remain in effect until OAR, Inc. is notified by me in writing to cancel in such time as to afford OAR, Inc. and my financial institution a reasonable time to act on my request.

Signature & Date

Please send your gift or pledge, along with this form to the following address:

Attn: Ex. Administrator
OAR
483 Century Lane
Holland, MI 49423
Or you may fax it to: 616.396.8387

Thank You

for supporting OAR and helping us to change destinies.