



Mail-In Contribution Form

505-891-2664 • Fax: 505-891-4320 • www.oa.org

DONOR INFORMATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

COUNTRY _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

Mail receipt

Email receipt

No receipt required

Enclosed is my check for \$ _____ (please make checks in US funds payable to World Service Office)

CREDIT CARD INFORMATION

Please charge my credit card for \$ _____

One-time Contribution

Automatic Recurring Contribution to be Deducted on the:

1st

15th

Visa

MasterCard

Discover

Monthly

Every 3 months

Credit Card Number: _____

Expiration Date: _____/_____/_____

CVV Code (3 digit security code): _____

Billing Address (if different from above): _____

Name on Card: _____

Signature: _____

CONTRIBUTION INFORMATION

My contribution is for: General Fund \$ _____

Delegate Support Fund \$ _____

Professional Exhibit Fund \$ _____

My contribution is a: Personal Contribution

Group Contribution (please list Group and Service Body details below)

Service Body Contribution (please list Service Body details below)

**Please mail completed form to:
World Service Office
PO Box 44020
Rio Rancho, NM 87174-4020 USA**

Please note: Group/Service Body contributions sent in without the correct WSO group number will not be able to be attributed correctly and will be entered as an individual contribution. To find your WSO number: Please go to www.oa.org to find your meeting and view the meeting details.

Intergroup/NSB/LSB Number	Group Number	Meeting Location, Day and Time	Amount