Mail-In Contribution Form

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 $ __________

☐ Professional Exhibit Fund $ __________

The Professional Exhibit Fund assists service bodies to exhibit at professional conferences and conventions if the service bodies lack sufficient resources to do so.

☐ Translation Fund $ __________

The Translation Fund assists service bodies in translating OA literature, forms and correspondence to languages other than English.

My contribution is a: ☐ Personal Contribution (please list Region number below)

☐ Group Contribution (please list Region, Service Body and Group numbers below)

☐ Service Body Contribution (please list Region and Service Body numbers below)

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.

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<tr>
<th>Region Number</th>
<th>Service Body Number</th>
<th>Group Number</th>
<th>Meeting Location, Day and Time</th>
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Please mail completed form to:
World Service Office
P.O. Box 44727
Rio Rancho, NM 87174-4727

Rev 3/21