



Mail-In Contribution Form

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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 mail completed form to:
World Service Office
P.O. Box 44727
Rio Rancho, NM 87174-4727

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.

Region Number	Service Body Number	Group Number	Meeting Location, Day and Time	Amount