



# OBAT Helpers Inc

212 East Main Street, P.O.Box360,  
Plainfield, IN 46168  
Tel: (317) 361-5096; Fax: (317) 692-2443  
www.obathelpers.org

## DONATION FORM

First/Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Profession: \_\_\_\_\_

Please find enclosed US \$ \_\_\_\_\_ Check one: ( \_\_\_\_ Donation \_\_\_\_ Zakatul Mal \_\_\_\_ Zakatul Fitr \_\_\_\_ Sadqah)

Donation Method: \_\_\_\_ Credit Card \_\_\_\_ Check \_\_\_\_ Checking Account Debit

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Master Card

Credit Card #: \_\_\_\_\_ Exp. Date (Month/Year): \_\_\_\_/\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Card Verification # Last 3 digits: \_\_\_\_

Date: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

**Checking Account Debit:** A direct deposit, monthly donation can be automatically deducted from your checking account

Monthly Pledge Amount: \$ \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Note: Please send an original void check with this request.

Date: \_\_\_\_\_ Signature of the Account Holder: \_\_\_\_\_

I designate my donation to (select one or more of the following options):

- Help to provide the basic needs:** for food, drinking water, clothes, and other necessities.
- Health & Medical Assistance:** for treatment, medicine, and surgery.
- Educational Aid & Scholarships:** \$200 will help one student continue his/her education for the whole year.
- Economical Empowerment:** \$250 will help a family be empowered economically.
- Family Assistance Program:** \$300-\$600 will provide assistance to a family for basic needs for the whole year.
- Adopt a Tutoring Center:** \$2500-\$4000 per year. Help improve quality of education.
- Adopt a Tutoring Center:** \$2500-\$4000 per year. Help improve quality of education.
- Adopt a School in the Camp:** \$3000-\$7500 per year. Help building foundation to the young generation. You can help paying school staff salaries only or manage the whole school.
- Cataract Surgery:** \$55.00 can bring the vision back to one of these unfortunate people.
- Re-constructions of Camps:** Help with the constructing/rebuilding of water and sewage facilities, constructing/rebuilding of bathrooms, and better accommodations.
- Other:** Please specify: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

Please write your check payable to OBAT Helpers Inc. and mail it to the address below. You can also pay online using our website: [www.OBATHelper.org](http://www.OBATHelper.org). OBAT Helpers is a non-profit charitable 501(c)3 organization tax ID# 47-0946122.  
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