

1100 W. 42nd Street, Ste. 125 A
Indianapolis, IN 46208
Tel: 317-203-0603

www.obathelpers.org

OBAT Helpers Inc. Donation Form



First/Last Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Amount: ☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \$ _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Yearly ☐ One-time

I designate my donation to (Please select one or more from the categories below):

☐ General Donation ☐ Zakat ☐ Sadaqah ☐ Other _____

Donation Method:

☐ Credit Card:

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card #: _____ Security #: _____

Expiration Date (Month/Year): ____/____

☐ Signature of Card Holder: _____ Date: _____

☐ Check:

Please make your checks payable to **OBAT Helpers Inc.** and mail to the address above

☐ Comments: _____

Thank you for your donation. For your convenience, you can also make payments **online:** www.obathelpers.org
OBAT Helpers is a non-profit charitable 501(c) (3) organization. **Tax ID # 47-0946122**