

OBAT Helpers Inc PO BOX 3070
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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**