

Mail-In Donation Form



Please print this form and complete all sections below. Oshun's Garden is tax-exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible. ID: 85-3420676

Donor Information

Full Name: _____

Organization Name (Use only if you're making your donation on behalf of an organization): _____

Address Information

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

City: _____ State: _____ Zipcode: _____

Country: _____

Email: _____

Telephone: _____ Mobile Home

Payment Options

One Time Gift Amount: _____

- I'm enclosing a check made payable to Oshun's Garden
- Please charge my credit/debit card
 - Visa Mastercard Discover American Express

Card Holder's Name: _____

Card Number: _____

Expiration Date: _____

Become A Sustaining Star
Join our community of Monthly Donors and make a lasting impact on our mission!

- YES! Please bill my credit card in the amount of \$_____ per month
- YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Please designate your gift to one of the following:

- Where It Is Needed Most: Support all of the urgent needs of Oshun's Garden
- A Brunch in Oshun's Garden
- Sista Circle Program
- Love, Frances Community Care Fund

Please mail this completed form to PO Box 3930, Salisbury, MD 21802
For questions, email info@oshungarden.org | Thank you for your support!