

## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Where It Is Needed Most: Support all of the urgent needs of Oshun's Garden | <input type="checkbox"/> The Oshun Conference   |
| <input type="checkbox"/> Sista Circle Program   | <input type="checkbox"/> Community Care Program |

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