

**OPERATION SUPPORT OUR TROOPS – AMERICA,
1807 S. WASHINGTON STREET SUITE 110, #359
NAPERVILLE, IL 60565**



**Please send donation along with this form to:
Operation Support Our Troops – America, 1807 S. Washington Street Suite 110, #359 Naperville,
IL 60565**

Donation Amount: \$

YES! I would like to make this a recurring monthly donation and support Our Troops with my monthly gift of: **\$15/month** **\$20/month** **\$ /month**

DONOR INFORMATION:

First name: _____
Last name: _____
Company (Optional): _____
Address: _____
City: _____
State: _____
Zip/Postal Code: _____
Country: _____
Email Address: _____

IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK DONATION WITH THIS FORM.

PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:

(AMEX, Visa, MasterCard, and Discover accepted)

Cardholder's name: _____
Card Type: _____
Card Number: _____
Card Expiration: _____
Signature of
cardholder: _____

IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.

First name: _____
Last name: _____
Company (Optional): _____
Address: _____
City: _____
State: _____
Zip/Postal Code: _____
Country: _____

**TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL OR FAMILY MEMBER,
PLEASE COMPLETE THE FOLLOWING SECTION: **Please note OSOT America does not disclose
the donation amount.***

I would love my gift to be (choose one): In honor of In memory of Honoree:

Please send acknowledgement of my donation to: _____
Address: _____
City/State/Zipcode: _____