



## Reoccurring Donation Form

*Thank you for helping our Ospreys soar!*

Name: \_\_\_\_\_

Would you prefer your donations remain anonymous? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Recurring donations in the amount of \$ \_\_\_\_\_

How many months would you like to donate? \_\_\_\_\_

Day of the month to process donations? (optional) \_\_\_\_\_

Donation start date: \_\_\_\_\_

Donation end date: \_\_\_\_\_

Credit Card: Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Anything else we should know to process your donation? (For example, in honor of John Smith)

---

*Animas High School is a 501(c)3 nonprofit organization. To the extent that no goods or services were provided, this contribution may be deductible according to IRS guidelines. Please consult your tax advisor for specific information.*