



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.