

RECURRING CREDIT/DEBIT CARD DONATION

We thank you so very much for helping to transform more student lives! Your continuing support and commitment to OSSM will serve all of our students and the entire state of Oklahoma and nation for many years to come. Please don't hesitate to contact us should you have any questions. (405) 522-7804 or (405) 522-7805.

Name (as it appears on card):			
Street Address:		City	Zip Code
Email:	Phone: ()	
Amount of Contribution: \$ on the	day of e	each month	
Credit/Debit Card Info:			
Number	•	Expiration Date	CVV (3 digits on back)
Iam an OSSM: Alumni Class of			

I hereby authorize OSSM Foundation to charge my credit/debit card for the amount indicated and that the recurring gift will occur monthly on the desired date. OSSM Foundation will continue to accept your generous recurring contribution until such time you notify us you no longer wish to participate. Unless otherwise requested, an annual thank you letter will be issued reflecting your contributions. You may make changes to your recurring gift at any time.

Signature of Card Holder: _____