



2021 Annual Fund

"We are stronger together"

_____ \$10,000 - Gold _____ \$5,000 - \$9,999 - Silver _____ \$2,500 - \$4,999 - Bronze

☐ One-time gift via check or credit card: \$ _____

Checks are made payable to the OMS Foundation.

☐ Recurring gift amount:

Monthly amount: \$ _____ Quarterly amount: \$ _____ Annual amount: \$ _____

Monthly recurring donations will be processed on the 15th of every month.

Quarterly recurring donations will be processed in the 15th of March, June, September and December.

Annual recurring donation will be processed on the 15th of the month specified by you.

Your credit card will be processed according to your specifications until you indicate a stop date.

☐ Please charge my credit card: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Name on card _____

Address _____

City, State ZIP _____

Phone _____

Card number _____

Expiration date _____

Signature _____

Attribute this gift as follows (donor name(s)): _____

Tribute gifts

I'd like to make my gift: In memory of _____ In honor of _____

Please notify the family (name) _____

Address of family _____

Mail: 9700 W. Bryn Mawr Ave., Rosemont, IL 60018

Website: OMSFoundation.org

Telephone: 847-233-4304 Fax: 847-678-6254

Email: info@OMSFoundation.org