



DONATION FORM

Yes! I would like to support the work of OMO CHILD.

Enclosed is my check or credit card information for the gift amount of \$ _____.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Country _____

Telephone _____ cell home work

Email Address _____

Yes. I would to receive occasional OMO CHILD email updates.

Payment Information:

My check is enclosed, made payable to OMO CHILD

Please charge my credit card: Visa MasterCard Discovery American Express

Credit Card # _____

Expiration date _____ 3-digit security code (reverse of card) _____

Name on Card _____ Signature _____

Billing Address (if different from above) _____

Comments/Notes: _____

Please Mail Your Completed Form & Payment to:

OMO CHILD / P.O. Box 231697 / Encinitas, CA 92023

For Questions, contact us at info@omochild.org.