



Donation Form

Enclosed is my gift for:

___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25 Other: \$ _____

Method of Payment ___ Visa ___ MasterCard ___ Check (*made payable to OATS Inc.*)

Name on the Card _____

Credit Card Number _____ Exp. Date _____

I would like my donation used for:

___ Capitol for Bus Match

___ Operational Support

___ General Donation

Optional:

My County/County I would like to donate to _____

My Donation is in Honor of _____

Donor Info:

Name(s) _____

Address _____

City, State, Zip _____

Phone Number _____

Email (*optional*) _____

Mail this form along with your check, or credit card information to:

OATS, Inc.,

2501 Maguire Blvd, Suite 101

Columbia, MO 65201