



Donation Form

Your donation helps us provide safe, caring & reliable transportation to thousands of Missourians.

Enclosed is my check for:

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

Or pay by credit card on your smart phone:

<https://www.oatstransit.org/donate>

I would like my donation used for:

____ Bus Match Support *(these funds help us buy new vehicles)*

____ General Operatng Support *(these funds help us provide rides)*

Donor Info:

Name(s) _____

Address _____

City, State, Zip _____

Phone Number _____

Email *(optional)* _____

If memorial gift, name of person you are honoring: _____

Mail address if sending by check:

OATS Transit
2501 Maguire Blvd, Suite 101
Columbia, MO 65201