OHIO FARM BUREAU® FOUNDATION

OHIO FARM BUREAU FOUNDATION
280 N. High Street, 6th Floor
Columbus, OH 43218
614-246-8904
ofbf.org/foundation

Donor Information:

Name(s) _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Home Phone _____ Cell Phone _____

I/we would like to make the following gift(s) to the Ohio Farm Bureau Foundation:

$ _____ to account name _____

$ _____ to account name _____

$ _____ to account name _____

Payment Options:

☐ **Pledge commitment** I/We will make ☐ quarterly ☐ semi-annual ☐ annual payments in the amount of $ _____
beginning in the month of _____ year _____
Signature(s) _____ Date _____

☐ **Credit card** *Choose your credit card option:*

Recurring gift ☐ I authorize the Ohio Farm Bureau Foundation to charge my credit card in the amount of $ _____ per month.

One-time gift ☐ This is a one-time gift of $ _____

Complete your credit card information:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ – ☐☐

Credit card number *Expiration date*

Print name on card _____
Signature(s) _____ Date _____

☐ **Check enclosed** Make checks payable to the Ohio Farm Bureau Foundation.

☐ **Online** Visit ofbf.org/foundation

Thank you for your generous support!

For Office Use Only: _____

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