

WWW.OPERATIONONCEINALIFETIME.COM

Changing lives, one soldier at a time...

Partner with us in making dreams come true. Become a part of the growing members of the Aid Brigade (including Troy Polamalu from the Pittsburgh Steelers!). Membership benefits:

- ★ Fully tax-deductible donations
- ★ Free set of customizable dog tags (perfect as gifts!)
- ★ Eligibility in drawings for NBA, NFL, NHL, and MLB tickets as they become available
- ★ Names listed on Operation Once in a Lifetime website

Your gifts make a difference in helping those that protect us, our families and our freedoms.

**SIGN UP TODAY!**



JOIN THE  
**CAUSE**  
OF A LIFETIME

I pledge to be a part of the cause and to give to the men and women that protect me and my freedoms.

I PLEDGE MY SUPPORT IN THE AMOUNT OF:

\$ \_\_\_\_\_ / \_\_\_\_\_

OPERATIONAL AID BRIGADE MEMBER SIGNATURE

Thank you for your support!

OPERATION ONCE IN A LIFETIME  
P.O. Box 797052 | Dallas, TX 75379  
www.operationonceinalifetime.com  
254.289.3057

you may detach here and keep this portion for yourself

# AID BRIGADE

## ACH DEBITS & CREDIT CARD PRE-AUTHORIZED DONATION FORM (memberships are \$10/month or more)

Membership drafts can be set up to be drafted from your bank acct/credit card

[ First & Last Name ]

[ Main Contact Number ]

I (We) hereby authorize Operation Once in a Lifetime, hereinafter called COMPANY, to initiate debit entries to my (our) [ ] checking OR [ ] savings (check one) account indicated below and the depository named below on the 15th each month, hereinafter called DEPOSITORY, to debit the same to such account.

Depository/Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effect until Operation Once in a Lifetime has received notification from me (or either of us) of its termination in such time and in such manner as to afford Operation Once in a Lifetime and DEPOSITORY a reasonable opportunity to act upon it.

[ Signature ]

[ Date ]

YES, you have permission to list my name on the website as a member of the Aid Brigade

### Credit Card Option

Credit Card Number: \_\_\_\_\_

Payment Type: Visa / Mastercard / American Express

Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
[ Street ] [ State ] [ ZIP ]

E-mail: \_\_\_\_\_  
[ E-mail required for credit card process and for memberships ]

\*ALL electronic donations will be processed on the 1st or 15th of each month

Please mail completed form to: **OPERATION ONCE IN A LIFETIME**  
P.O. BOX 797052 | Dallas, TX 75379  
www.operationonceinalifetime.com | 254.289.3057