

White Rose to Fatima 2019

DONATION FORM

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (_____) _____

Email address: _____

MY DONATION:

\$10 \$19 \$28 \$37 \$46 \$91 Other: \$_____

My Check made out to **America Need Fatima** is enclosed.

No, I prefer to use my Credit Card:

Credit card number: _____

Credit card expiration: Month _____ Year _____

Card type: Visa American Express

MasterCard Discover

Account Holder's Signature **REQUIRED**

Signature: _____ Date: _____

Thank you and God bless you!

MAIL THIS FORM TO:

America Needs Fatima

P.O. Box 341

Hanover, PA 17331

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