



CHILD OF MARY AUTHORIZATION FORM

Printable PDF

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

My monthly pledge amount: \$7 \$10 \$12 \$18 Other: \$ _____

I authorize America Needs Fatima to process my donation as a recurring ACH debit from my bank account for the pledge amount indicated, which will be debited each month. For inquiries, changing donation amounts, or revoking authorization, I can call America Needs Fatima at 866-661-0272, or email childofmarydonors@anf.org

Please include a voided check when mailing this authorization form to America Needs Fatima.

Bank Acct #: _____ Routing No.: _____

Checking Savings

Bank Name: _____ City, State: _____

Account Holder's Signature (Required)

Date

Thank you and God bless you for joining as a Child of Mary!

Return this form to:
Child of Mary
America Needs Fatima
P.O. Box 341
Hanover, PA 17331

America Needs Fatima is a special campaign of The Foundation for a Christian Civilization, Inc., a 501(c)3 corporation. All contributions to ANF are tax-deductible. Each January you will receive a statement from ANF showing the amount of your donations for the previous year.