

OUR LADY'S COMPANIONS

AUTHORIZATION FORM

Printable PDF

Name:			
Address:			
City:	State:	Zip:	
Phone: () Ema	ail:		
My monthly pledge amount: • \$8 • C	\$16 🔾 \$24) \$32	O 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 ourladyscompanions@anf.org Please include a voided check when mailing this authorization form to America Needs Fatima.			
Bank Acct #:			
O Checking O Savings		5	
Bank Name:	City, S	State:	
Account Holder's Signature (Required)		Date	e

Thank you and God bless you for joining as Our Lady's Companion!

Return this form to: Our Lady's Companions 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.