

ONLINE DONATION AUTHORIZATION FORM

Printable PDF

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____

My **single** donation amount: \$10 \$15 \$20 \$30 Other: \$ _____

For monthly pledges:

My **monthly** pledge amount: \$7 \$12 \$15 \$20 Other: \$ _____

I authorize America Needs Fatima to process my monthly donation as a recurring ACH debit from my bank account for the pledge amount, which will be debited each month. For inquiries, changing donation amounts, and revoking authorization, I can call America Needs Fatima at 888-317-5571, or email anf@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 your Donation!

Return this form to:

**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 your donations for the previous year.