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Donation Form

Donor Information: *As a valued supporter, FAM will NOT share your contact information with any third party, under any circumstance.*

Donor Name: _____

Billing Address: _____

Phone Number: _____ Email: _____

Gift Information:

Please charge my gift of \$_____ to my:

VISA MasterCard American Express Expiration Date: _____

Card Number: _____ Security Code: _____

This is a monthly donation This is a one time donation only

I prefer to make an automatic gift from my checking account.

Checking account at (name of bank) _____ (please attach a blank voided check OR a check with your first monthly gift)

I authorize FAM to make the above monthly deduction from my checking account/credit card account. This authorization will remain in effect until I notify FAM that I wish to discontinue the contributions.

Signature: _____ Date: _____

Please keep a copy of this form as a record of your commitment. We will also send you a confirmation.
Thank You and God bless you for your generosity!