

DONATION PROGRAM

**Fatherless or Widows & Orphans Network
DBA My Fathers Work
DBA Network to Help
DBA Band of Brothers**



Fatherless or Widows & Orphans Network, DBA My Fathers Work, DBA Network to Help, DBA Band of Brothers is a 501(c)3 charitable religious organization whose primary purpose is to serve widows, orphans, single parents and the poor. Widows also includes widowers (men). Orphans are defined as persons who do not have a father or mother in their lives due to death or divorce. Other purposes are served through My Fathers Work, Band of Brothers and Network to Help.

We also support organizations, people and volunteers around the world who are serving the poor (men, women and children in dire need of help). When these organizations, people and volunteers come to visit the USA, we provide free housing and accommodations for rest and relaxation!

CONTACT

Name(s) _____

Company / Title _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Telephone (_____) _____ Email _____

GIFT INFORMATION

I would like to make a: One-time gift Monthly Gift

Please apply my gift to: \$_____ General Fund \$_____ Pam Hendley (Widow)

\$_____ Hospitality (Pastors & Missionaries) \$_____ Pat Hutter (Widow) \$_____ Audren Cheron Ministries

\$_____ ICE Men (Influence, Challenge, Equip) \$_____ Kim Jarrell (Widow) \$_____ Paul Ebenezer Ministries

\$_____ Quest Life (Fellowship of the Sword) \$_____ Sivia Morales (Widow) \$_____ Trevor Gardner Ministries

\$_____ Ranch Days (Serving Single Parents) \$_____ Janet Proudley (Widow) \$_____ Israel Chinzete Ministries

\$_____ Ryan Elliott (Widower) \$_____ Ashlee Vaughn (the Poor) \$_____ Other Recipient

\$_____ Lis Fannin (Widow) \$_____ Holly Watson (the "Poor")

Total Donation Amount \$ _____

Please process my first gift on: _____ On the: _____

____/____/____(mm/dd/yyyy) 1st 5th 10th 15th 20th 25th

Comments: _____

PAYMENT

____ Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.
***For One-Time Checking Account donations, please include a completed check with your donation form.*

OR

____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____/____/____

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.widowsandorphansnetwork.org or by contacting Widows and Orphans Network by phone or mail. All donations provided to Widows and Orphans Network comply with U.S. Law.

Signature (Required) _____ Date _____