

DONATION PROGRAM

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

My Fathers Work
Serving My Father's People

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	\$_____ Good Samaritan Ministries	\$_____ North Carolina Account
\$_____ Hospitality (Pastors & Missionaries)	\$_____ Greg Walton Ministries	\$_____ Pam Hendley	
\$_____ Quest Life (Fellowship of the Sword)	\$_____ Holly Watson	\$_____ Pat Hutter	
\$_____ Ranch Days (Serving Single Parents)	\$_____ Israel Chinzete Ministries	\$_____ Paul Ebenezer Ministries	
\$_____ Amy Weber	\$_____ Jennie Mathis	\$_____ Ruth Kalumbilia	
\$_____ Angel Smithers	\$_____ Judith Kuegler	\$_____ Ryan Elliot	
\$_____ Anna Duggar	\$_____ Joe Hamilton	\$_____ Scott & Johannah Amanti	
\$_____ Ashlee Vaughn	\$_____ Kate Thomas	\$_____ Shilo Ben Hod	
\$_____ Audren Cheron Ministries	\$_____ Kim Jarrell	\$_____ Sivia Morales	
\$_____ Bob & LaDonna Laird	\$_____ Lis Fannin	\$_____ Trevor Gardner Ministries	
\$_____ Bobby Stephanov Ministries	\$_____ Lynn Pennington Trevino	\$_____ Wendy Doughty	
\$_____ Cindy Gideon	\$_____ Marly Moss	\$_____ Yoyakim & Debbie Figueras	
\$_____ Denise Wilson	\$_____ Nicole Welch	\$_____ Other Recipient	

Total Donation Amount \$ _____

Please process my first gift on:

____/____/____ (mm/dd/yyyy)

On the:

☐ 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.**

____ 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 _____

Please make a copy of this form for your records or you can request a copy from
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www.widowsandorphansnetwork.org