DONATION PROGRAM

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



Fatherless or Widows & Orphans Network, DBA My Fathers Work, DBA Network to Help, DBA Band of Brothers, DBA Somali Bible Society Network 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 Father's Work, Network to Help, Band of Brothers and Somali Bible Society Network.

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!

	Name(s)				
Ţ	Company / Title				
	Address				
CONTA	City				
				_ Zip Cou	
	Country				
	Telephone ()	E	Zmail		
	I would like to make a: One-time gift Monthly Gift				
	Please apply my gift to: \$ General Fun	d	\$ Greg Walton Ministries	\$	_ Pam Hendley
	\$ Hospitality (Pastors & Missionaries)	\$	Holly Watson	\$	_ Pat Hutter
	\$ Quest Life (Fellowship of the Sword)	\$	Israel Chinzete Ministries	\$	_ Paul Ebenezer Ministries
	\$ Ranch Days (Serving Single Parents)	\$	Jennie Mathis	\$	_ Ruth Kalumbilia
	\$ Amy Weber	\$	Joe Hamilton	\$	_ Ryan Elliot
	\$ Angel Smithers	\$	Juana Chandler	\$	_ Scott & Johannah Amanti
	\$ Anna Duggar	\$	Judith Kuegler	\$	_ Shilo Ben Hod
INFORMA	\$ Ashlee Vaughn	\$	Kate Thomas	\$	_ Sivia Morales
	\$ Audren Cheron Ministries	\$	Kim Jarrell	\$	_ Somali Bible Society
	\$ Bob & LaDonna Laird	\$	Lis Fannin		_Wendy Doughty
	\$ Bobby Stephanov Ministries	\$	Lynn Pennington Trevino	\$	_ Yoyakim & Debbie Figuera
GIFT	\$ Christmas Gift	\$	Marly Moss	\$	Other Recipient
	\$ Cindy Gideon	\$	Nicole Welch		
	\$ Denise Wilson	\$	North Carolina Account		
	Total Donation Amount \$				
	Please process my first gift on:		On the:		
	//(mm/dd/yyyy)		\square 1st \square 5th \square 10th	☐ 15 th	☐ 20 th ☐ 25 th
	Project # / Comments:				
	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.				
PAYMENT	My credit card information is listed below for my donation. Please transfer my gift from my credit card.				
	Credit Card Number			Expirat	ion 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	• •