



LOAVES & FISHES

Groceries for Neighbors in Need

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Check # _____ Amount \$ _____

-OR-

Credit Card# _____

Exp. Date _____

Circle One: Mastercard Visa Discover American Express

Amount to be charged \$ _____

Circle One: Monthly* 15th of each month
Monthly* 25th of each month
One Time

*In cases when the 15th or 25th of the month falls on a weekend or holiday, the charge/debit will be made the next business day.

Please mail or fax the completed form to:

Loaves & Fishes
648 B Griffith Road
Charlotte, NC 28217
Fax 704-523-5901

Or go online to www.loavesandfishes.org and click on the donate page to setup an automatic monthly donation.