



LOAVES & FISHES

Groceries for Neighbors in Need

Name _____

(We want to recognize your support. Please list your name as you'd like to be recognized in our thank you materials or check here if you'd like to remain anonymous.)

Address _____

City/State/Zip _____

Phone _____ Email _____

Check # _____ Amount \$ _____

-OR-

Credit Card# _____ Exp. Date _____

Amount to be charged \$ _____ Circle One: Mastercard Visa Discover AMEX

This donation is In honor or memory of _____

Please mail notification of this honorarium/memorial to:

Name _____

Address _____

City/State/Zip _____

I'd like to become a recurring (monthly) donor. Please charge my credit card above

Check One: Monthly* 1st of each month or 15th of each month

*In cases when the 1st or 15th of the month falls on a weekend or holiday, the charge/debit will be made the next business day.

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

Please mail the completed form to:

Loaves & Fishes
648 Griffith Road, Suite B
Charlotte, NC 28217