

Phone: (562) 923-2590 • Fax: (562) 923-5491

PAYMENT AUTHORIZATION

Orthodox Diocese of Loaning Orthodox Verena Charity of The Charity

Downey, CA 90241

mily S?^{Or} Date:	Cell. Telephone #: ()		
Name of Sponsor:	Telephone #: ()		
Address of Sponsor:	,, City		,	
I would like to adopt family (ies)	City		State	Zip code
OPTION#1 Bank Account Transfe	er (PREFERRED)			
Bank Name: (A voided check must be provided for this	Checking Savings s option)		_	
Transfer of \$ on the 2 nd day of If this date falls on a weekend or holiday, yo	f each month.			
→ Signature of bank account holder:	.			
OPTION#2 Credit Card Transfer				
Credit Card: MC Visa Amex _				
Card Number:	Exp. Date/	V code	e#	
Name on Card:			Last three on back	
→ Signature of Credit Card Holder:				
Transfer of \$ on the 2 nd day of If this date or any future dates fall on a week	each month. Kend or holiday, your EFT will occur on the nex	ct busines	ss day.	
understand that this plan will remain in e Christian Family Sponsorship is a pro- serving the needs of needy families in E change. In such case, Christian Family S	Family Sponsorship Electronic Transfer sy effect as long as my account is in good stan ogram of Santa Verena Charity, Inc., a nor gypt, and that the future needs of the family Sponsorship will inform me and obtain my v ging any of the authorized information abov	nding. I un nprofit or y(s) which written a	nderstand ganization ch I am sp	I that n dedicated to onsoring may
	quires your signature and written noti of payment on the account or termina			
Please mail this form to:	→ Signature of donor: †			
Christian Family Sponsorship P. O. Box 442	Questions ??? Call <i>Magdi</i> at: (50 or e-mail us at: DrMagdiMalek@			