

Feed Tomorrow's Future Fund Donation:

Pay By Credit Card *(All Fields Required)*

Donation Amount: _____

Cardholder's Name: _____

Card Number: _____

Address: (associated with card) _____

Zip Code: (associated with card) _____

Expiration Date: _____

I, _____, authorize AFR/OFU to charge my credit card above for the specified donation amount.

Signature: _____

Date: _____

Email

Text Receipt To: _____



Please Scan and Return Completed Payment Method to:

haley.stark@afrmic.com