



LOAVES & FISHES

Making Ends Meet
Since 1975

Name _____

Credit Card# _____

Exp. Date _____

Circle One: Mastercard Visa

Amount to be charged \$ _____

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

Address _____

City/State/Zip _____

Phone _____

In Memory or Honor (circle one) _____

Send honor/memorial card to the following name & address:

*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
P.O. Box 11234
Charlotte, NC 28220
Fax 704-523-5901