



Yes! I want to become a sustainer and join Sister Parish, Inc. in promoting solidarity and friendship between faith communities in Guatemala, El Salvador and the United States.

Please accept my recurring monthly donation of:

- \$10 per month \$50 per month
 \$25 per month _____ per month

I would like to pay by:

- Automatic withdrawal (I have enclosed a voided check)

I authorize Sister Parish, Inc. and the _____ financial institution to initiate entries to my checking/savings account beginning _____ and ending _____. I can stop payment at any time by notifying Sister Parish, Inc. in writing.

- Automatic payments with my credit card (I have provided all information below)

I authorize Sister Parish, Inc. to charge my credit card for the recurring monthly donation specified above. beginning _____ and ending _____. I can stop payment at any time by notifying Sister Parish, Inc. in writing.

Credit Card Company (if paying with a credit card): _____

Credit Card Name: _____

Credit Card Number and Expiration date: _____

Name: _____

Signature: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

**Please fill out this form and
mail it to our financial office:**

Sister Parish
PO Box 5202
Fargo, ND 58105

- Please do not list my name in Annual Reports or donor thank-a-thons. (Sister Parish will not sell or share your information regardless).