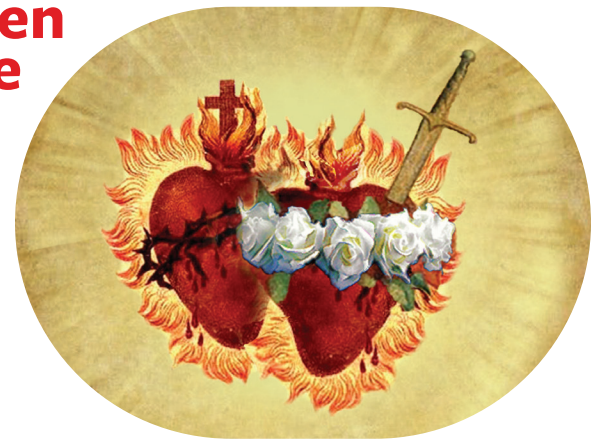


**“It has been reported that when the incision is made to take the organs, there is an increase in heart rate and blood pressure. Could this occur if the person were dead? The answer is NO.”**

**– DR. PAUL BYRNE, M.D.**

*(Neonatologist, Clinical Professor of Pediatrics, and past President of the Catholic Medical Association)*



- Yes, David,** I want to protect myself and my loved ones from becoming victims of the murderous “organ donation” industry through the fallacy of “brain death” diagnoses. I will do my best to help make the truth about these travesties known.
- Yes, David,** I will watch the presentation “Killing Organs” by Dr. Paul Byrne on The Fatima Center’s website.
- Yes, David,** I will make my best effort to utilize the tools you sent to ensure that my emergency treatment directives are known and enforced. I thank you for the life-saving Medical Cards and information regarding Living Wills and Health-Care proxies.
- Yes, David,** I want to help you spread the Message of Fatima and to preserve the lives and souls of Our Lady’s devotees in today’s ‘culture of death.’ Please accept my tax-deductible offering indicated below and use it to continue The Fatima Center’s vital work.

**\$25**    **\$50**    **\$100**    **\$250**    **Other \$** \_\_\_\_\_

My payment is enclosed:    Money Order    Check   **Make payable to: The Fatima Center**

Charge my credit card:    Visa    MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV Code: \_\_\_\_\_

- Yes, David,** please send me \_\_\_\_\_ extra Medical Cards so each of my loved ones will be protected from those who would want to hasten their deaths. I have enclosed an offering of \$10 each, totaling \$ \_\_\_\_\_, to help pay for production, shipping & handling, and to help promote all the soul-saving works of Our Lady’s Apostolate.

**Please sign me up for The Fatima Center's weekly E-Newsletter.**

E-MAIL: \_\_\_\_\_

**Please place your Prayer Intentions on the back.**

## SPECIAL INTENTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> For the True and Proper Consecration of Russia | <input type="checkbox"/> For an End to Abortion              |
| <input type="checkbox"/> The Release of the Full Third Secret of Fatima | <input type="checkbox"/> The End to Immoral Organ Harvesting |
| <input type="checkbox"/> The Ongoing Success of Our Lady's Apostolate   | <input type="checkbox"/> Increased Devotion to the Holy Face |
| <input type="checkbox"/> The End of Vaccine Mandates and State Tyranny  | <input type="checkbox"/> Home and Family                     |
| <input type="checkbox"/> Other _____                                    |  |
- 

The Society of the Child Jesus saves lives and cares for needy children and families through corporal and spiritual works of mercy that feed both the body and spirit of the poorest of the poor. We reach out to children and young people around the world with Our Lady's Fatima Message of hope and peace, promoting piety, purity, and faith, through devotion to the Immaculate Heart of Mary. We encourage them to follow the example of our patrons, Blessed Jacinta and Blessed Francisco of Fatima.



## SOCIETY OF THE *Child Jesus*

*Under the Patronage of Blesseds  
Francisco and Jacinta of Fatima*



### Membership Has Its Privileges

Society of the Child Jesus members share many spiritual benefits. Members' intentions are remembered in Masses offered for supporters. In addition, members receive newsletters which help to inform, strengthen, and spiritually unite them.

*With Our Lady's help, I want to do even more by joining the **Society of the Child Jesus** pledge club and giving a monthly gift. I have filled out the form below:*

**\$25**    **\$50**    **\$100**    **\$250**    **Other \$** \_\_\_\_\_

My payment is enclosed:    Money Order    Check   **Make payable to: The Fatima Center**

Charge my credit card:    VISA    MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please remember this is your promise of a monthly gift for **ONE YEAR** to Our Lady and Her Fatima Apostolate.  
To cancel your pledge at any time, please contact us at the address or phone number below.*

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*The*  
**Fatima Center**

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