



FEEDING OUR COMMUNITIES PARTNERS

MONTHLY DONOR*Join the fight against youth hunger*

FILL OUT IN ITS ENTIRETY PLEASE

DONOR NAME:

EMAIL:

PHONE:

ADDRESS:

CITY/STATE/ZIP:

- I've included a VOIDED CHECK or image of voided check. I understand my donation will be withdrawn monthly on the 10th of each month and will continue until written notice of termination is submitted to the address above.*

SIGNATURE:

DATE:

MONTHLY DONATION

- \$5**
Buys 1 well-balanced food pack
- \$15**
Buys 3 weekend food packs
- \$30**
Fuels 1 child for the month
- \$_____**
Choose your own amount
- \$_____**
I'm already a Sustaining Donor.
Please increase my monthly gift to:

