HUNGER FIGHTING CHAMPIONS MONTHLY GIVING CLUB

Annual Gift:

$120 ($10/month)	Provides food for 24 families for 2 to 3 days
$300 ($25/month)	Provides 2 days of emergency food to 900 people
$600 ($50/month)	Provides 2,400 meals
$1800 ($150/month)	Provides 7,200 meals

My Gift: $_____ per month (minimum of $10/month, please)

☐ **Please charge my credit card** Visa _____ Mastercard ____ American Express _____ Discover _____

Card Number: _____Please charge on the ____15th ____30th

Expiration Date:_____ Name as it appears on card: _____

☐ **Please enroll me in the automatic withdrawal donation program**
(*Note: Our bank has waived all fees for automatic withdrawal)

Financial Institution _____

Branch _____City _____ State ____ Zip _____

☐ Checking ☐ Savings

Routing Number _____

Account Number _____

Please enclose a VOID Check for automatic withdrawal

*I hereby authorize The Food Bank of Northern Nevada to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository financial institution named above to credit and/or debit the same to such account. This authority is to remain in full force and effect until The Food Bank of Northern Nevada has received written notification from me of its termination in such time and in such manner as to afford The Food Bank of Northern Nevada and the financial institution a reasonable opportunity to act on it.

Name:_____ Signature _____

Address: _____City _____ State ____ Zip _____

Phone: _____ Email: _____

_____ Please list my contributions as "Anonymous"

_____ Please send acknowledgments via email (provided above)

_____ Please save the Food Bank's time and resources. An acknowledgement is not necessary.

_____ Other requests: _____

Per our Donor Privacy Policy, the personally identifiable information we collect will not be disclosed to third parties unless in response to legal claim or law enforcement agency's request. The Food Bank of Northern Nevada requires those employees, agents and contractors who have restricted access to personal information to protect information consistent with the Privacy Policy.

(775) 331-3663

Tax ID: 94-2924979

FOOD BANK
OF NORTHERN NEVADA

Complete this form and mail to:

Food Bank of Northern Nevada
550 Italy Drive
McCarran, NV 89434