

**FEEDING HOPE MONTHLY GIVING PARTNER
Enrollment Form**



Please return this form to:
Great Plains Food Bank
Attn: Feeding Hope Monthly Giving Program
1720 3rd Ave. N.
Fargo, ND 58102

Donor Information (*required information)

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone*: _____ E-mail: _____

- By providing your email you agree to receive periodic updates and opportunities to give.
- My company will match! (*Enclosed is my company's matching gift form.*)

Monthly Gift Amount (\$10.00 minimum)

- \$250 \$100 \$50 \$25 \$15 Other amount: _____
- Please charge my first monthly gift to the credit card noted below.
- Enclosed is a check for my first monthly gift, made payable to the Great Plains Food Bank, along with my blank voided check/deposit slip for future automatic funds transfer.

Payment Option 1: Credit Card

- I want my Feeding Hope Partner gift to be automatically charged to my credit card each month. Please charge the amount indicated on this form on the 1st of every month, or the 15th of every month to the following: Card type*: VISA MasterCard American Express Discover
- Card Number*: _____ Card Exp (MM/YYYY)*: _____
- Name as it appears on card* _____
- Billing Address*: _____

Option 2: Electronic Funds Transfer (EFT)

- I want my Feeding Hope Partner gift to be automatically deducted from my checking, or savings account on the 1st of every month, or the 15th of every month. (*In addition to my first gift enclosed, I've included a blank voided check, or blank voided deposit slip for the designated automatic funds transfer.*)
- Routing Number*: _____ Account Number*: _____
- (Valid routing # must start with 0,1,2 or 3)

Feeding Hope Monthly Giving Program Authorization

I authorize the Great Plains Food Bank and SafeSave to charge my credit card, or process monthly debit entries to the account indicated above. I understand that this authority will remain in effect until I notify the Great Plains Food Bank in writing that I wish to change my contribution or terminate the authorization.

Date: _____

Signature* (*required*) _____

Acknowledgements

- Please send me a year-end receipt in January that summarizes all my gifts to the Great Plains Food Bank.
- Please send me a receipt after each gift.

The Great Plains Food Bank is a 501 (c) (3) non-profit recognized by the IRS.
We never sell, rent or share donor information outside the organization.
Every dollar you donate provides food for 3 meals to our hungry neighbors in need.
To donate now, call (701) 232-6219. Thank You!