San Francisco Food Bank Donation Form

Yes, I want to help feed hungry San Francisco children, their families, and others in need. Following is my tax-deductible gift.

My Gift:

- ☐ $50
- ☐ $75
- ☐ $100
- ☐ Other $ _____

Contact Information *(in case of questions)*

Name: _____

Organization: _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Drive or Event Name: _____

- ❑ **I prefer this gift to be kept anonymous.**

Payment options

- ❑ Enclosed is my check payable to the San Francisco Food Bank. *(please attach check)*
- ❑ I donated online at www.sffoodbank.org
- ❑ I wish to donate by credit card. Please charge my account as follows:

Card Number

Expiration *(mm/yr)*

Security code
(3 or 4 digits, usually on back of card)

Name on card: _____

Card type:

- ❑ Visa
- ❑ MC
- ❑ Discover
- ❑ AMEX

Signature: _____

SAN FRANCISCO FOOD BANK

900 Pennsylvania Avenue, San Francisco, CA 94107 (415) 282-1900 (415) 282-1909 fax www.sffoodbank.org