Good Neighbor Lenten Food Drive 2010

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
- ☐ $200
- ☐ Other $ _____

Contact Information *(in case of questions)*

Congregation/School/Organization Name: _____

Name: _____

Phone: _____ Email: _____

Address: _____

The Food Bank will acknowledge gifts of $500 or more in our ***Give and Take*** newsletter under the above name and firm name unless you prefer your gift to be anonymous.

- ❑ 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 will donate 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

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