



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I am making a tax-deductible gift of:

- \$50 \$100 \$500 \$1,000 Other: \$_____
- I have enclosed a check made payable to Food Bank For New York City.
- I would like to charge my contribution.
- I want to join the Big Apple Partners monthly giving program and authorize Food Bank to charge my credit card monthly for the amount indicated above **or** my bank account (voided check enclosed).

Please charge my gift to:

- VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ CVV: _____

Signature: _____

- Contact me regarding including Food Bank in my will or other estate plans.
- My employer will match my gift and I have enclosed their matching gift form.
- Please use my gift for the following program designation _____.

I am making this contribution as a tribute gift:

- This gift is in honor of: This gift is in memory of: _____

Recipient Name: _____

Recipient Address: _____

City: _____ State: _____ Zip: _____

Personal message (optional): _____

THANK YOU FOR EMPOWERING NEW YORKERS TO ACHIEVE FOOD SECURITY FOR GOOD!

Please mail your completed form to:

Food Bank For New York City
Attn: Gift Processing
PO Box 470
Hartsdale, NY 10530

Food Bank For New York City is a registered 501(c)3 charitable organization. A copy of our most recent financial information and our donor privacy policy may be obtained at www.foodbanknyc.org

Phone: 212.566.7855