



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

Phone: 212.566.7855

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