

Financial Gift Form



Please complete this form and mail it with your contribution to:
Second Harvest Foodbank of Southern Wisconsin
2802 Dairy Drive
Madison, WI 53718

Enclosed is my gift of: \$1000 \$750 \$500 \$250 \$100 Other \$ _____

(Interested in making a monthly gift? See page 2)

Please print clearly:

Name _____

Company _____
(if donation is from a company/organization)

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Yes, I would like to receive online communications from Second Harvest Foodbank

Please indicate:

Check is enclosed (Please make check payable to Second Harvest Foodbank)

This gift is part of the *NBC15 Share Your Holidays* campaign

Gift will be matched by _____
(Company/Foundation)

Form enclosed

Form will be forwarded by matcher

Please charge to (circle card type) Visa Mastercard Discover American Express

Account # _____

Expiration ____/____ Card Security Code (3 or 4 digit printed code) _____

Name on card _____

My gift is:

In memory of _____

In honor of _____

Other _____

Please acknowledge my gift to (if different than above name/address):

Name _____

Company _____
(if donation is given on behalf of a company/organization)

Address _____

City _____ State _____ ZIP _____

Questions? Call 608-216-7220.

Monthly Giving Form



Please complete this form and mail it to:
Second Harvest Foodbank of Southern Wisconsin
2802 Dairy Drive
Madison, WI 53718

Please print clearly:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Yes, I would like to receive online communications from Second Harvest Foodbank

Monthly Gift Amount (please check one):

\$250/\$3,000 yr \$150/\$1,800 yr \$100/\$1,200 yr \$50/\$600 yr \$25/\$300 yr Other \$ _____

I'd like to make my gift on the same day each month (required): 1st 15th

Payment Option 1: Checking/Savings Account EFT:

I want my monthly gift to be automatically deducted from my checking savings account.

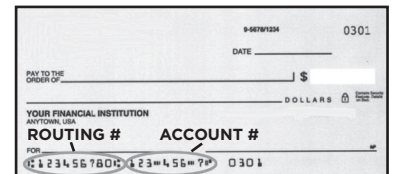
Name On Account _____

Financial Institution Name _____

Account Number _____

Financial Institution Routing/Transit Number

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I authorize my bank to transfer the amount indicated on this form from my checking/savings account on a monthly basis. I understand that a record of each donation will be included on my year-end summary.

Signature (required) _____

Date _____

Payment Option 2: Credit Card

I want my monthly gift to be automatically charged to my credit/debit card

Please charge to (circle card type) Visa Mastercard Discover American Express

Account # _____

Expiration ____ / ____ Card Security Code (3 or 4 digit printed code) _____

Name on card _____

Thank you for ending hunger in southwestern Wisconsin!

You will receive an annual gift summary in January, unless you inform us otherwise.

Questions? Call 608-216-7220.