FEEDING HOPE MONTHLY GIVING PARTNER
Enrollment Form

Please return this form to:
Great Plains Food Bank
Attn: Feeding Hope Monthly Giving Program
1720 3rd Ave. N.
Fargo, ND 58102

Donor Information *(*required information)*

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone*: _____ E-mail: _____

❑ Yes, I would like to receive occasional online communications from the Great Plains Food Bank.
❑ My company will match! *(Enclosed is my company's matching gift form.)*

Monthly Gift Amount *($10.00 minimum)*

❑ $250 ❑ $100 ❑ $50 ❑ $25 ❑ $15 ❑ Other amount: _____

❑ Please charge my first monthly gift to the credit card noted below.
❑ Enclosed is a check for my first monthly gift, made payable to the Great Plains Food Bank, along with my blank voided check/deposit slip for future automatic funds transfer.

Payment Option 1: Credit Card

❑ I want my Feeding Hope Partner gift to be automatically charged to my credit card each month. Please charge the amount indicated on this form on the ❑ 1st of every month, or the ❑ 15th of every month to the following:

Card type*: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card Number*: _____ Card Exp (MM/YYYY)*: _____

Name as it appears on card* _____

Billing Address*: _____
(For card, if different than address noted above.) *City* *State* *Zip Code*

Option 2: Electronic Funds Transfer (EFT)

❑ I want my Feeding Hope Partner gift to be automatically deducted from my ❑ checking, or ❑ savings account on the ❑ 1st of every month, or the ❑ 15th of every month. *(In addition to my first gift enclosed, **I've included a blank voided check, or blank voided deposit slip** for the designated automatic funds transfer.)*

Routing Number*: _____ Account Number*: _____
(Valid routing # must start with 0,1,2 or 3)

Feeding Hope Monthly Giving Program Authorization

I authorize the Great Plains Food Bank and Vanco Services, LLC to charge my credit card, or process monthly debit entries to the account indicated above. I understand that this authority will remain in effect until I notify the Great Plains Food Bank in writing that I wish to change my contribution or terminate the authorization.

_____ Date: _____
Signature* *(required)*

Acknowledgements

❑ Please send me a year-end receipt in January that summarizes all my gifts to the Great Plains Food Bank.
❑ Please send me a receipt after each gift.
❑ I want my giving to remain anonymous.

The Great Plains Food Bank is a program of Lutheran Social Services of North Dakota which is a 501 (c) (3) non-profit recognized by the IRS. We never sell, rent or share donor information outside the organization. Every dollar you donate provides $11 worth of groceries to our hungry neighbors in need. To donate now, call (701) 232-6219. Thank You!