



Monthly Harvest Club Enrollment Form

Santa Clara County
 750 Curtner Avenue
 San José, CA 95125-2118
 408.266.8866 ph
 408.266.9042 fax

San Mateo County
 1051 Bing Street
 San Carlos, CA 94070-5320
 650.610.0800 ph
 650.610.0808 fax

Title Name		Address
City		State ZIP
Phone		Email

My Company/Organization holds Food and Fund Drives. Please give them credit: **Valley Presbyterian Church**
 Organization Name

I would like to give anonymously. **Y / N** (if yes, your name will not be listed in any Food Bank publications)

DONATION OPTIONS (please choose ONE):

- Please process my donation of \$ _____
 on the **5th** day of the month, beginning in _____
 (Month)
- Please process my donation of \$ _____
 on the **20th** day of the month, beginning in _____
 (Month)

Sample Gift Amounts & The Impact You Will Make:

- **\$11/month** provides two meals each month for a family of five
- **\$26/month** provides healthy after-school snacks for one child for a year
- **\$57/month** provides groceries for one senior for a full year
- **\$114/month** provides a nutritious meal for 95 people a month at a local shelter
- **\$209/month** provides healthy after-school snacks for eight children for an entire year

I prefer to make automatic gifts from my (please choose ONE):

- Checking Account at _____ (attach a blank voided check OR a check with your first monthly gift)
 Name of Your Bank
- Credit Card (please choose one or call Ali Duncan at (408) 266.8866 ext. 261 to enroll directly over the phone):
 - VISA MasterCard American Express Discover
 Card Number: _____ Expiration Date: _____

I would like to donate monthly using my own checks (we will send you a year's supply of return envelopes).

Any special instructions? (optional) _____

I authorize the Food Bank to make the above monthly deduction from my checking account/credit card account. This authorization will remain in effect until I notify Second Harvest Food Bank in writing that I wish to discontinue the contributions.

Signature: _____ **Date:** _____

Please **FAX** this form to: (408) 266-9042, **EMAIL** to: donor.relations@SHFB.org **OR**
MAIL to: Second Harvest Food Bank, 750 Curtner Avenue, San Jose, CA 95125, Attention: Monthly Harvest Club

Please keep a copy of this form as a record of your commitment. We will also send you a confirmation. Thank You!

Annual statements are sent every February via mail unless otherwise requested.
 If you prefer to receive a monthly statement, please contact the **Donor Hotline at 866-234-3663.**