



# Donation Form

**MAIL COMPLETED FORM TO: PO BOX 715, CAREFREE, AZ 85377**

Donation amount: \$ \_\_\_\_\_  Monthly  One-time

## BILLING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Donate by check:** Mail check and this form to PO BOX 715, Carefree, AZ 85377

**Donate by credit card:**

Please charge my credit card with my contribution of \$ \_\_\_\_\_ (All amounts will be charged in U.S. dollars.)

**Circle card type: VISA MASTERCARD**

Card Number: \_\_\_\_\_ Exp. Date (MMYY) \_\_\_\_\_

Name on card: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

### Are you dedicating this donation?

No

Yes, my donation is in honor of \_\_\_\_\_

Yes, my donation is in memory of \_\_\_\_\_

Would you like Foothills Food Bank & Resource Center to send an email to someone as notification of your honor or memorial donation? Your gift amount will not be included in the card.

No, do not send a message

Yes, send a message to: \_\_\_\_\_

Recipients email address

Recipients name: \_\_\_\_\_

Personal message and signature (maximum of 350 characters):

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**DOUBLE YOUR IMPACT!** By using your employer's matching gifts program, you could double or triple your support to the Foothills Food Bank. To check if your employer matches gifts to Foothills Food Bank, visit your HR department.