

Recurring Donation Form



I want to provide a recurring gift to Channel One Regional Food Bank so that Channel One can continue to strengthen food access and build healthy communities.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone and/or E-mail: _____

I prefer to donate by one of the following:

Monthly Check

Please send me a supply of envelopes to make my recurring donations.

Automatic Funds Transfer (ACH)

I authorize my bank to send my recurring gifts via automatic funds transfer (ACH). I have enclosed a check with my first gift, a voided check, or a printed copy of my routing and account number from my bank.

Credit Card

Card Number: _____

Exp. Date: ___ / ___ (mm/yy) CVV: _____

There is a small fee associated with every credit card donation made. Please consider covering this fee for your donation.

Yes, I will cover the transaction fee for my donation.

I would like to contribute:

\$ _____

Date of debit (if single entry) or date of first debit: _____

On this recurring basis:

Bi-weekly

Monthly

Quarterly

On the business day closest to these date(s):

1st of each month

15th of each month

N/A (I will send my gift by check)

This authorization will remain in effect until I notify Channel One that I would like to change or cancel my contribution using the contact information below.

Only employees who need the information to perform a specific job (for example, billing or customer service) are granted access to personally identifiable information. Channel One does not keep credit card data after a transaction has been processed. Donors will receive a receipt annually for the total amount of recurring donations (for income tax purposes).

Name(s): _____

(Please Print)

Date: _____ Signature(s): _____