Pick YOUR apple. Make YOUR pledge. HELP END HUNGER

Yes! I want to help feed people in need and change lives by partnering with Channel One in the Growing to Give Campaign! DONOR INFORMATION (please print) Last Name:_____ First Name(s)____ Address: City: _____ State: ____ Zip Code: _____ Telephone: Email: MY MONTHLY GIFT AMOUNT to the Growing to Give Campaign is: □ \$100 x 10 months (\$1,000) □ \$25 x 10 months (\$250) □ \$____ One time gift \square \$75 x 10 months (\$750) \square \$10 x 10 months (\$100) □ \$50 x 10 months (\$500) □ \$____ x 10 months (\$____) *Note: Gifts of \$1,000 or more will be recognized on our Growing to Give Donor Wall of Recognition in the Channel One Facility **GIVING OPTIONS** (Please choose one) ☐ Monthly cash/check payment ☐ Monthly Automatic Withdrawal (Please attach a voided check) ☐ Monthly Credit Card Gift Type: ___ MasterCard ___ Visa ___ Discover ___ American Express Card # _____Expiration Date: ____/_ ☐ Please invoice me for my donation ____ Monthly ____ Quarterly ____ Annually Donations may also be made securely online at www.helpingfeedpeople.org. *Recurring donations will be processed on the first business day of each month. AUTHORIZATION

I authorize the charges to my account as indicated above. I understand that in the event I need to terminate payments for any reason before the total Pledged Amount is fulfilled, I will need to contact Channel One at least 30 days before cancellation of payment date.

Donor Signature: _____ Date ____

*Mail this slip with donation to Channel One Regional Food Bank 131 35th St. SE . Rochester, MN 55904. Questions? Call 507-424-1730

Thank you for helping end hunger for children, families, and individuals through Channel One

