

# 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:

☐ \$100 (350 meals) ☐ \$50 (175 meals) ☐ \$26 (91 meals) ☐ Other: \$ \_\_\_\_\_

On this recurring basis:

☐ Bi-weekly

☐ Monthly

☐ Quarterly

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

☐ 1<sup>st</sup> of each month ☐ 15<sup>th</sup> 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).*