

FoodChange

Nutrition. Education. Financial Empowerment.

Donations by Mail or by Fax form

Please print and fill in this form. Mail or fax in your donation to:

By mail:

FoodChange
Attention: Development Department
39 Broadway, 10th Floor
New York, NY 10006

By fax:

(212) 616-4990
Attention: Development Department

Donations by check or money order: Please make check payable to FoodChange.

Enclosed is my tax-deductible donation of:

\$25 \$50 \$100 \$500 \$1,000 Other: \$ _____

_____ My company will match this donation. Please mail or fax your company's matching gift form.

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone number: _____

E-mail: _____

Fax: _____

Donations by credit card:

Name as it appears on credit card: _____

Credit card type (check one): Visa American Express MasterCard Discover

Credit card number: _____

Expiration: _____

SEC #: _____

Authorized Signature: _____

In memory of / In honor of (please circle one): _____

Please inform the person(s) noted below about my gift, made for the following reason: _____.

Name _____

Address _____

City _____ State _____ Zip Code _____

Please check one:

I allow my name to be included in FoodChange's donor lists.

I would like to remain anonymous.