

# Print & Send Donation Form

Please mail your tax-deductible gift with this form to:

Community FoodBank of New Jersey  
31 Evans Terminal  
Hillside, NJ 07205



## Enclosed is my gift of:

\$25     \$35     \$50     \$100     \$250     \$500     Other \_\_\_\_\_

I have enclosed a check made payable to Community FoodBank of NJ.

Please charge my gift to:      MasterCard      Visa      Amex      Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CW: \_\_\_\_\_

Signature (required): \_\_\_\_\_

I want to provide food, help and hope **every month**. Charge my credit card \$ \_\_\_\_\_ every month to sustain my commitment (which can be cancelled at any time).

## Donor Information

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Gift Designation

If this gift is made in response to a food drive or fundraising event, please complete this section to insure the fundraiser receives credit for your gift.

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

Fundraiser's Name: \_\_\_\_\_

## Tribute Information

This gift is given in  Honor of     Memory of    Honoree's Name: \_\_\_\_\_

Please send a tribute card to:

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

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

# Thank you for your support!

The Community FoodBank of New Jersey is a 501(c)(3) not-for-profit organization recognized by the IRS and your gift is tax-deductible to the full extent of the law.