



Monthly Donor Enrollment Form

Name:

Address:

Email:

Phone:

Credit Card Information:

Please charge my monthly contribution to my credit card. The amount charged will show up on my monthly credit card statement and it will be in effect monthly unless I notify the Greater Berks Food Bank to discontinue the contributions.

Monthly Gift Amount \$ _____

Charged on: _____ 15th day of the month (or closest business day)

Type of card: _____ VI _____ MC _____ Am Ex

Card number: _____ Exp. Date _____

CVV _____ (CVV is the three digit security code on the back of your credit card. On an American Express card the code is four digits and located on the front of the card).

Authorized signature: _____ Date: _____

Acknowledgements:

_____ Please send me a year-end receipt that summarizes all of my gifts to the Greater Berks Food Bank.

_____ Please send me a monthly receipt that summarizes all of my gifts to the Greater Berks Food Bank.

Please mail this completed form to:

Greater Berks Food Bank
1011 Tuckerton Court
Reading, PA 19605

The Greater Berks Food Bank is a 501(c)(3) charitable organization. Your gift is tax-deductible as allowed by law. The Food Bank does not sell or share donor information with other organizations.

A copy of the official registration and financial information of the Greater Berks Food Bank may be obtained from the PA Dept. of State by calling 1-800-732-0999. Registration does not imply endorsement.