	contribution check of Son, adults and seniors in		elping Harvest Food Bank in	n providing
	VisaMC		Exp. Date:	
Signature:			In the an	nount of:
\$1,500	\$1,000	\$750	\$500	\$250
\$100	\$50	\$25	or other \$	
Name:Organization (if	any):			
Street Address of	r POB#:			
City:		State: Zip		
I wish to re	main anonymous.			
	-	n memory of or in hor	nor of someone special.	
,	e circle): In memory o			
Birthday Weddin	ng Anniversary Gradu	ation Get		Well
Thank You	Baptism	1st Communion	Confirmation Bar/Bat	Mitzvah
New Arrival	Holiday:			
Other:				
	owledgement of this			
Street Address of	I PUD#.			
City:	mant latter for this si	State:Zip	e gift amount remains confic	
An acknownedge	mem lener for this gr	II IS SCIII DIOIIIDUY. I NE	zgiit ailloulit felliailis Confic	iciiliai.

A copy of the official registration and financial information of Helping Harvest Food Bank may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Helping Harvest Food Bank 117 Morgan Drive Reading, PA 19608 610-926-5802