



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

I am making a tax-deductible gift of:

- \$50 \$100 \$500 \$1,000 Other: \$ _____
- I have enclosed a check made payable to Food Bank For New York City.
- I would like to charge my contribution.
- I want to join the Big Apple Partners monthly giving program and authorize Food Bank to charge my credit card monthly for the amount indicated above **or** my bank account (voided check enclosed).

Please charge my gift to:

- VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ CVV: _____

Signature: _____

- I would like for my gift to be restricted to the 116th Street Community Kitchen & Food Pantry.
- My employer will match my gift and I have enclosed their matching gift form.
- I don't want Food Bank to share my name with like-minded organizations.

If you would like to make a tribute gift:

- This gift is in honor of: This gift is in memory of: _____

Recipient Name: _____

Recipient Address: _____

City: _____ State: _____ Zip: _____

Personal message (optional): _____

THANK YOU FOR MAKING A REAL DIFFERENCE IN THE LIVES OF NEW YORKERS IN NEED!

Please mail your completed form to:

Food Bank For New York City
Attn: Brynne Logan
39 Broadway, 10th Floor
New York, NY 10006
Phone: 212.566.7855 ext. 8328

Food Bank For New York City is a registered charitable organization. A copy of our most recent financial information may be obtained directly from Food Bank For New York City or from the Office of the Attorney General, NY State Department of Law, Charities Bureau.