



SHFB.org

Monthly Harvest Club Enrollment Form



TITLE NAME

ADDRESS

CITY

STATE ZIP

PHONE MOBILE HOME WORK

EMAIL

DONATION OPTIONS *(please choose one):*

- Please process my donation of \$_____ on the **5th** day of the month.
- Please process my donation of \$_____ on the **20th** day of the month.

At whatever level you choose to give, our neighbors in need are grateful of your support! No gift is too small - \$1 provides 2 meals:

- **\$25** each month can provide a balanced lunch for 600 children in need over the course of the year
- **\$75** each month can provide 1,800 nutritious dinners for seniors in our community over the course of the year
- **\$150** each month can provide a meal for 3,600 people at a local shelter over the course of the year
- **\$300** each month can provide 7,200 healthy meals for local children over the course of the year
- **\$500** each month can provide 12,000 meals for neighboring families over the course of the year

PAYMENT PREFERENCE *(please choose one):*

- Checking Account at _____ *(attach a blank voided check or a check with your first gift)*
NAME OF YOUR BANK
- Credit Card *(please choose one):* VISA MasterCard American Express Discover
Card Number: _____ Expiration Date: _____ 3-Digit Security Code: _____
- I would like to donate monthly using my own checks *(we will send you a year's supply of return envelopes).*

Special Instructions *(optional)* _____

*I authorize the Food Bank to make the above monthly deduction from my checking account/credit card account.
This authorization will remain in effect until I notify Second Harvest Food Bank in writing that I wish to discontinue the contributions.*

Signature: _____ **Date:** _____

Please **MAIL** this form to:
Second Harvest Food Bank, 4001 North 1st Street, San Jose, CA 95134, **Attention: Monthly Harvest Club**

Annual statements are sent every February via mail unless otherwise requested in the Special Instructions field.

CYPRESS CENTER
4001 North First Street
San Jose, CA 95134
T 408-266-8866
F 408-266-9042

CURTNER CENTER
750 Curtner Avenue
San Jose, CA 95125
T 408-266-8866
F 408-266-9042

BING CENTER
1051 Bing Street
San Carlos, CA 94070
T 650-610-0800
F 650-610-0808