

# Financial Gift Form

Please complete this form and mail it with your contribution to:

Second Harvest Foodbank of Southern Wisconsin  
2802 Dairy Drive  
Madison, WI 53718



Enclosed is my gift of:  \$1000  \$750  \$500  \$250  \$100  Other \$ \_\_\_\_\_

(Interested in making a monthly gift? See page 2) Please print clearly:

Name \_\_\_\_\_

Company \_\_\_\_\_  
(if donation is from a company/organization)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Yes, I would like to receive online communications from Second Harvest Foodbank

Please indicate:

Check is enclosed (Please make check payable to Second Harvest Foodbank)

This gift is part of the *NBC15 Share Your Holidays* campaign

Gift will be matched by \_\_\_\_\_  
(Company/Foundation)

Form enclosed

Form will be forwarded by matcher

Please charge to (circle card type) Visa Mastercard Discover American Express

Account # \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_ Card Security Code (3 or 4 digit printed code) \_\_\_\_\_

Name on card \_\_\_\_\_

My gift is:

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

Other \_\_\_\_\_

Please acknowledge my gift to (if different than above name/address):

Name \_\_\_\_\_

Company \_\_\_\_\_ (if donation is given on behalf of a company/organization)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Questions? Call 608-216-7202.

# Monthly Giving Form

Please complete this form and mail it to: Second Harvest Foodbank of Southern Wisconsin  
2802 Dairy Drive  
Madison, WI 53718



**Please print clearly:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Yes, I would like to receive online communications from Second Harvest Foodbank

**Monthly Gift Amount (please check one):**

\$250/\$3,000 yr  \$150/\$1,800 yr  \$100/\$1,200 yr  \$50/\$600 yr  \$25/\$300 yr  Other \$ \_\_\_\_\_

I'd like to make my gift on the same day each month (required):  1st  15th

**Payment Option 1: Checking/Savings Account EFT:**

I want my monthly gift to be automatically deducted from my  checking  savings account.

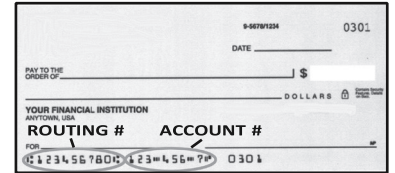
Name On Account \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account Number \_\_\_\_\_

Financial Institution Routing/Transit Number

I authorize my bank to transfer the amount indicated on this form from my   
checking/savings account on a monthly basis. I understand that a record of each donation will be included on my year-end summary.



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

Date \_\_\_\_\_

**Payment Option 2: Credit Card**

I want my monthly gift to be automatically charged to my credit/debit card

Please charge to (circle card type) Visa Mastercard Discover American Express

Account # \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_

Card Security Code (3 or 4 digit printed code) \_\_\_\_\_

Name on card \_\_\_\_\_

**Thank you for ending hunger in southwestern Wisconsin!**

You will receive an annual gift summary in January, unless you inform us otherwise.

**Questions? Call 608-216-7202.**