

The *mission* of the Food Bank is to feed the hungry by soliciting and judiciously distributing food and grocery products through a network of member non-profit agencies, and educate the public about the nature of and solutions to the problems of domestic hunger.

**Donor Information (please print or type)**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

**Pledge Information**

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: \_\_\_ all now \_\_\_ in installments (please fill out information below).

In the amount of \$ \_\_\_\_\_ each: \_\_\_ month \_\_\_ quarter \_\_\_ year.

I (we) plan to make this contribution in the form of: \_\_\_ cash \_\_\_ check \_\_\_ credit card (Visa / MC only) \_\_\_ other.

Credit card type (Visa / MC)			
Credit card number			
Expiration date		CVV # (3 digit)	
Authorized signature			

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

The additional \_\_\_ form is enclosed \_\_\_ form will be forwarded.

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

--

\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to: **Second Harvest Food Bank of Southeast North Carolina**

