



MONTHLY SUSTAINER CLUB APPLICATION

*Please fill out this application and mail to Oregon Food Bank
To fight hunger without ever writing another check!*

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ - _____

Phone: (____) _____ Email _____

I prefer to make automatic monthly donations through my:

- Checking Account (Please select one of the following):
 - A check with my first monthly gift is enclosed: or
 - My Blank, voided check is attached

- Credit Card (Please select one of the following):
 - Visa American Express
 - MasterCard Discover Card
 - Card #: _____
 - Expires: _____ / _____

I authorize Oregon Food Bank to transfer the following amount (minimum \$10.00) monthly:

- \$10.00 \$20.00 \$50.00 \$100.00
- \$15.00 \$25.00 \$75.00
- Other: _____

I wish my automatic transfers to occur on the 5th OR 20th day of every month. This authorization will remain in effect until I notify Oregon Food Bank in writing that I wish to change my contributions.

Signature: _____ Date: _____



Please complete and save this portion as a record of your commitment to Oregon Food Bank

Amount pledged per month \$ _____

Method of payment: checking account credit card

Automatic monthly transfers to occur on the 5th or 20th day of each month.

Thank you for your generosity!

A year-end summary of your gifts will be sent to you in January for your tax records. All gifts are tax deductible to the full extent allowed by law. Automatic transfers will appear on your bank or charge statements. Please direct any inquiries regarding electronic giving to 1-800-777-7427. You may discontinue participation in the Monthly Sustainer Club at any time by notifying Oregon Food Bank in writing 10 business days prior to the next scheduled transfer.

**Oregon Food Bank PO Box 55370 Portland, Oregon 97238-5370
Phone: 503-282-0555 Fax: 503-282-0922 Tax ID #: 93-0785786**