



Join the Sunshine Club!

Those who bring sunshine into the lives of others cannot keep it from themselves. James Matthew Barrie

CONTRIBUTING TO ST. MARY'S FOOD BANK ALLIANCE HAS NEVER BEEN EASIER ...

**St. Mary's Food Bank Alliance Sunshine Club
makes your charitable giving easier and
helps bring a little sunshine into the lives of hungry Arizonans.**

**Two 1-step alternatives save you time and money
while saving St. Mary's Food Bank Alliance significant printing and mailing costs.
No solicitation appeals or monthly acknowledgement letters!
No more searching for stamps and envelopes and no more checks to write!**

When you participate in the Sunshine Club, you will receive:

- Quarterly *Horn of Plenty* newsletter;
- Special program or activity announcements and opportunities;
- Yearly letter in January summarizing your previous year's donations for income tax purposes

Alternative 1: Checking/Savings Account Deduction

**This option allows you to make monthly contributions via electronic funds transfer—
your donation will be automatically deducted from your checking or savings account
on the 5th or 20th of each month—you choose.**

Alternative 2: Credit Card Deduction

**This option allows you to make monthly or quarterly contributions using
VISA, MasterCard, American Express or Discover/NOVUS cards.
Your donation will be automatically charged to your credit card on the 15th of each month
(or 15th of March, June, September and December for quarterly donations).**

To Enroll In The Sunshine Club:

**... Simply complete the appropriate section on the reverse side of this flyer
and return it to St. Mary's Food Bank Alliance at
2831 N. 31st Avenue, Phx, AZ 85009-1518 Attn: Gloria Ortega**

If you have any questions, please call Claudia at (602) 343-3144.

Alternative 1: Checking/Savings Account Deduction Form

Amount To Be Deducted Each Month: \$ _____

Deduct this amount on the **5th or 20th** (please circle one) **of each month.**

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____(Day) _____(Eve)

E-mail: _____

___ Checking ___ Savings Account Number: _____
(NOTE: PLEASE ENCLOSE A VOIDED CHECK)

I hereby authorize St. Mary's Food Bank Alliance
to debit my checking / savings account for donations on an on-going basis as specified above,
with my permission to continue until notified by me **in writing** of my intent to change or terminate.

Signature: _____ Date: _____

Alternative 2: Credit Card Deduction Form

Amount To Be Deducted : \$ _____

Deduct ***monthly or quarterly*** (please circle one) on the **15th of the month.**

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____(Day) _____(Eve)

E-mail: _____

() VISA () MasterCard () American Express () Discover/NOVUS

Card Number: _____ Expiration Date: _____

I hereby authorize St. Mary's Food Bank Alliance
to debit my credit card for donations on an on-going basis as specified above, with
my permission to continue until notified by me **in writing** of my intent to change or terminate.

Signature: _____ Date: _____

**You may authorize your bank to reverse any charge made to your account.
This must be done by written notice within 45 days of the date the charge was made
or within 15 days of the date of the bank statement on which the charge appeared.
If you have questions about the amount charged for your donation,
call Claudia at (602) 343-3144.**

**This authorization to make a donation to St. Mary's Food Bank Alliance
by charging your checking, savings or credit card account
will remain in effect until the Food Bank receives written notice from you
to terminate and has had reasonable opportunity to act on your request.**