



# *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 Gloria at (602) 343-3153.**

## Alternative 1: Checking/Savings Account Deduction Form

**Amount To Be Deducted Each Month:**     \$ \_\_\_\_\_

Deduct this amount on the **5<sup>th</sup> or 20<sup>th</sup>** (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 **15<sup>th</sup> of the month.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_(Day) \_\_\_\_\_(Eve)

E-mail: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

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 Gloria at (602) 343-3153.**

**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.**