



Mail-in Donation Form

Please print this form, fill out and mail to:

ATTN: Development
St. Mary's Food Bank Alliance
2831 N. 31st Avenue
Phoenix, AZ 85009

Enclosed is my gift of:

___ \$25 ___ \$50 ___ \$100 ___ \$250
___ \$400 ___ \$800 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

[] Check enclosed

[] Please charge my:

___ MasterCard ___ Visa ___ American Express ___ Discover

Credit Card Number _____

Expires _____ CVV (Security Code) _____

Signature _____ Date _____

I would like more information about:

___ Automatic monthly donations.

___ Including St. Mary's Food Bank in my will, trust, or other estate document.

___ Scheduling a tour of the Food Bank.

___ Scheduling a speaker for my group.

All donations to St. Mary's Food Bank Alliance are tax-deductible to the extent allowed by law and may qualify for the Arizona Charitable Tax Credit (formerly known as the Working Poor Tax Credit).

www.StMarysFoodBank.org
(602) 343-5636