



MONTHLY GIVING CIRCLE

Contributing to St. Mary's Food Bank Alliance has never been easier!

St. Mary's Food Bank's Monthly Giving Circle makes your charitable giving easier and helps bring hope to the lives of the many hungry Arizonans.

When you participate in the Monthly Giving Circle, you will receive limited mailings:

- 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

OPTION 1: CREDIT OR DEBIT CARD DEDUCTION

Allows you to make monthly or quarterly contributions on the day you choose.

OPTION 2: CHECKING/SAVINGS ACCOUNT DEDUCTION

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

TO ENROLL IN THE MONTHLY GIVING CIRCLE

Go online at firstfoodbank.org or call (602)242-3663 (ask for Development department) or mail this form to:

*St. Mary's Food Bank Alliance
2831 N. 31st Avenue
Phoenix, AZ 85009-1518
Attn: Development department*

OPTION 1: CREDIT OR DEBIT CARD DEDUCTION

Amount to be Deducted: \$ _____

Deduct (please check one) **monthly** **quarterly** on _____ of the month.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ (day) _____ (night)

Email: _____

VISA Mastercard American Express Discover

Card #: _____ Exp. 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: _____

OPTION 2: CHECKING/SAVINGS ACCOUNT DEDUCTION

Amount to be Deducted Each Month: \$ _____

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

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ (day) _____ (night)

Email: _____

Checking Savings Account Number: _____

(NOTE: please attached 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: _____

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, contact our Development department at 602-242-3663 or development@firstfoodbank.org. 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.