November 18th Living Memorial Fund

on behalf of family and friends for those who died in Jonestown and Port Kaituma, Guyana on November 18th, 1978.

SAN FRANCISCO FOOD BANK GIFT FORM

Name (Please print)			
Address			
City	State	Zip Code	Telephone/Email (Helps if we have questions)

☐ YES, I want to make a monthly contribution to the San Francisco Food Bank in memory of November 18th. Please use my gift each month to collect and distribute nutritious food to feed thousands of people in need in San Francisco. I am willing to donate the following amount each month:

I prefer to donate by <u>one</u> of the following: AUTOMATIC FUNDS TRANSFER

□ I prefer to make my monthly contributions from my checking account. Enclosed is my check for my first gift. Thereafter, I authorize my bank to send my gifts via automatic funds transfer.

Signature	Date			
REQUIRED FOR BANK AUTHO	RIZATION			
Phone/Email	Optional – Helps if we have questions.			
CREDIT CARD				
□ I prefer to make my mont	hly gift contribution by credit card:			
□ Visa □ MasterCard	□ American Express □ Discover			
Card #	Exp. Date			
Signature				
	ank staff persons have access to credit card and bank account			
information. All information is kept in s	strictest confidence.			
I cannot become a monthly N	ovember 18th Living Memorial Fund donor, but I			
would like to make a one-time donation to the San Francisco Food Bank of:				
	□ Other \$			
\Box My check is enclosed.				
\Box Bill my credit card: \Box Visa	\Box MC \Box AmEx \Box Discover			
Card #	Exp. Date			
Signature	Phone			

How do I make a monthly gift?

- Decide on a monthly gift amount that is comfortable for you.
- Select a monthly gift option credit card or automatic funds transfer from your checking account.
- If you choose automatic funds transfer as your gift option, write out a check for your first monthly gift. Your check and this form will be used to authorize your bank to send a contribution of the same amount on the 20th day of each month. Your gift will appear on your monthly bank statement.
- As a monthly contributor, you will receive a charitable receipt for income tax purposes at the end of the year for the total amount of your monthly donations.
- You may increase or decrease the amount of your monthly contribution – or discontinue your monthly gift at any time you wish. Just call us at 415-282-1900, send an email to info@sffb.org, or write us.
- If you have any questions about monthly gifts or would like to your gift by telephone, please give us a call at 415-282-1900 and ask for donor services.

Please mail this form with your donation so it can be acknowledged as part of the November 18th Living Memorial Fund.

SAN FRANCISCO FOOD BANK • 900 Pennsylvania Avenue • San Francisco, CA 94107 • www.sffoodbank.org