

**I/We want to help make hunger non-existent in our communities.
Return this page with your donation & please sign at the bottom of page**

Name: _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Phone #: _____

Email: _____

(Help us save postage, please provide your email address. Thanks!)

Donation Amount: \$ _____ (Receipts issued for \$25.00+)

(To ensure a year-end tax receipt, please have your donation to our office by December 20th)

- Friend: \$25.00 to 50.00 per month \$ _____
- Supporter: \$80.00 per month
- Neighbour: \$1,200.00 - \$4,999.00 annually
- Companion: \$5,000.00 - \$9,999.00 annually
- Champion: \$10,000.00 - \$24,999.00 annually
- Guardian: \$25,000.00 + annually
- One-Time Donation: \$ _____

Cheque: _____ Credit Card: MasterCard _____ VISA _____

E-Transfers to: hcfbdcadmin@hay.net

Register payee: Huron County Food Bank Distribution Centre

(If receipt is required, please send name, mailing address, phone # and email)

Name on Card: _____ Expiry Date: _____

Card # _____ Security Code: _____

Or, please attach your "VOID" Cheque for monthly bank withdrawals.

Bank Name & Address: _____

Transit # _____ Bank # _____ Account # _____

Signature: _____

NOTE: Monthly withdrawals will be on the 15th (or next business day)

Your support means everything - THANK YOU!

