



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am making a tax deductible gift of:

- \$50 \$100 \$250 \$500 \$1,000 Other \$ _____
- I have enclosed a check made payable to Food Link.
- I would like to charge my contribution.
- I want to join the Feed The Need monthly giving program and authorize Food Link to charge my credit card monthly for the amount indicated above **or** my bank account (Voided check enclosed).

Please charge my gift to:

- VISA MASTERCARD AMEX DISCOVER

Card Number: _____ Exp Date: _____ CVV: _____

Signature: _____ Date: _____

- My employer will match my gift and I have enclosed their matching gift form.

If you would like to make a tribute gift:

- This gift is in honor of: This gift is in memory of: _____

Recipient Name: _____

Recipient Address: _____

City: _____ State: _____ Zip: _____

Personal Message (optional): _____

THANK YOU FOR MAKING A REAL DIFFERENCE IN THE LIVES OF THOSE IN NEED!

Please mail your completed form and check to: Food Link, 108 Summer St, Arlington, MA 02474