



**FOOD for OTHERS**

## Graduated Gift Giving Program Enrollment Form

If you prefer to help in the fight against hunger by spreading out your gift giving over a specified number of months instead of donating in one lump sum, we can help!

To enroll in our Graduated Gift Giving Program, please fill out this form and mail or fax it to: Food for Others, 2938 Prosperity Avenue, Fairfax, VA 22031. Fax: 703-207-9204. If you need assistance with this form or have any questions, please contact us directly at 703-207-9173.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Monthly Gifts

I choose to make monthly gifts (must be \$10 or more) to Food for Others in the amount of \$\_\_\_\_\_.

This means that my total gift over twelve months will be \$ \_\_\_\_\_ x 12 = \_\_\_\_\_.

Preferred monthly giving day: \_\_\_\_\_ 1<sup>st</sup> of the month \_\_\_\_\_ 15<sup>th</sup> of the month

First transaction date: \_\_\_\_\_

Please note: If the scheduled transaction falls on a weekend or holiday, it will be processed the next business day.

### Credit Card Information

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card number (16 digits) \_\_\_\_\_ Expiration (mm/yy) \_\_\_\_\_

Card holder name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### This gift is (check one)

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

Please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I authorize Food for Others to process monthly gifts as itemized above. I understand that these gift payments will continue until I stop them. To cease participating or make changes in your Graduated Gift Giving Program, please notify us in writing. Please be sure your letter includes your name and signature. Mail all correspondence to: Food for Others, 2938 Prosperity Avenue, Fairfax, VA 22031.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_