



## Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company / Group Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

My gift is:  in honor of: Name: \_\_\_\_\_

in memory of: Name: \_\_\_\_\_

Please notify:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes, Please include me on emails and mailings regarding the Haymarket Regional Food Pantry

## One Time Gift:

One-Time Gift Amount:  \$2,000  \$1,000  \$500  \$250  \$100  \$25  Other: \$ \_\_\_\_\_

Enclosed is my check. (Please make checks payable to "Haymarket Regional Food Pantry")

## Recurring Gifts:

Recurring Gift Amount:  \$100  \$75  \$50  \$25  \$10  Other: \$ \_\_\_\_\_

Automatically transfer monthly gifts from my checking account.

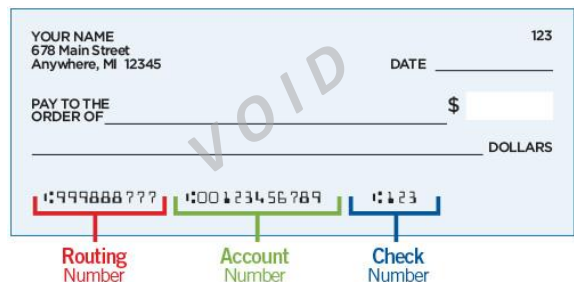
I authorize the Haymarket Regional Food Pantry to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Yes, I have attached a voided check.



## Please send completed form to:

Haymarket Regional Food Pantry  
P.O. Box 132, Haymarket, VA 20168  
or scan and email to [donations@haymarketfoodpantry.org](mailto:donations@haymarketfoodpantry.org)

To charge your one-time or recurring gift to a credit card, please go to our website:

[www.HaymarketFoodPantry.org/donate/](http://www.HaymarketFoodPantry.org/donate/)

The Haymarket Regional Food Pantry is a tax-exempt, non-profit organization,  
in accordance with section 501(c)(3) of the IRS Code.