



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: _____

Email: _____

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 trans

I authorize the

authority will

Authorized sig

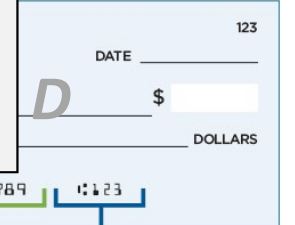
Routing #: _____

Account #: _____

All recurring donations must be made
via our website. Please go to
www.HaymarketFoodPantry.org
and click on Donate.

understand that this
authorization.

Date: _____



Yes, I have attached a voided check.



Please send completed form to:

Haymarket Regional Food Pantry
P.O. Box 132, Haymarket, VA 20168

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

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.