



Friends of the Foodbank
Monthly Giving Program

Change of Information Form

To better serve your gift giving needs, please check all that apply

- Update my contact information
Change my gift amount
Change my Credit Card or Checking/Savings Account information
I want to give through an Electronic Fund Transfer (EFT)
I want to give with my Credit Card

Name: Title (Circle One): Mr. Ms. Mrs. Mss.

Address:

Phone Number: Email:

CREDIT CARD

By selecting this box, I authorize the Los Angeles Regional Foodbank to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.

Monthly Gift Amount: \$ to be charged on the (day) of every month beginning with (month)

Please charge my: Visa MasterCard American Express Discover

Credit Card #: Expiration Date:

Name as it appears on card:

Authorization Signature: Date:

ELECTRONIC FUND TRANSFER*

By selecting this box, I authorize the Los Angeles Regional Foodbank to deduct my monthly gift from the designated checking or savings account automatically each month as indicated in the terms outlined below.

Monthly Gift Amount: \$ to be charged on the (day) of every month beginning with (month)

Bank or Credit Union Name

City State Zip

ABA Number** Account Number

Signature (Required): Date:

*You must include a voided check to complete the process

**Usually the ABA number is the first nine digits on the bottom of your check.

Let us know if you have any questions, comments, or concerns. You may write them on the back of this form or contact Andrea Ramirez at (323) 234-3030, ext. 163 or at aramirez@lafoodbank.org.

Mobilizing resources to fight hunger in our community.