



*Friends of the Foodbank*

Monthly Giving Program

**Enrollment Form**

Thank you for choosing to become a *Friend of the Foodbank*,

To enroll in the *Friend of the Foodbank* monthly giving program, please complete this form and mail it to:  
**Los Angeles Regional Foodbank, Development Department, 1734 E. 41<sup>st</sup> Street, Los Angeles, CA 90058**

**Yes! I want to participate in the *Friends of the Foodbank* monthly giving program!**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I will make my monthly gifts by (select below):**

**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)

Type of Credit Card:  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.

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.

*“Mobilizing resources to fight hunger in our community.”*