



MEMORIAL GIFT
Honoring Our Friends and Family

*Remember a friend or family member with a Memorial Gift to the
Los Angeles Regional Foodbank,*

Print out this form and MAIL to the Los Angeles Regional Foodbank, Memorial Gift Program,
1734 E. 41st Street, Los Angeles, CA 90058 or call (323) 234-3030.

I / We would like to contribute:

[] \$25 [] \$50 [] \$100 [] \$250 [] \$500 [] Other \$ _____

Gift is in memory of:

Name: _____

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift is from:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Em _____ ail: _____

Contribution Information

I'm enclosing my check, payable to the Los Angeles Regional Foodbank.

Please charge the amount indicated above to my credit card.

Type of Credit Card: Visa MasterCard American Express Discover

Credit Card #: _____ Expiration _____ Date: _____ / _____

Name as it appears on card: _____

Authorization Signature: _____ Date: _____

_____ Enclosed is a Matching Gift form from my company

_____ I am interested in information on naming the Foodbank in my will

_____ Please send me information on the *Friends of the Foodbank* monthly giving program

_____ Please send me information on the *Partners Preventing Hunger* major donor program

"Mobilizing resources to fight hunger in our community since 1973"