

Monthly Giving Program Enrollment Form

□ Yes! I want to participate in the Monthly Giving Program!

Name:	Title (Circle One): Mr. Ms. Mrs. Miss
Address:	
City:State:	Zip:
Phone Number:	mail:
I will make my monthly gifts by (please check one):	
CREDIT CARD By selecting this box, I authorize the Los Angeles Regional Food Bank to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.	
Charge \$ on the 1st or 15th beginn	ing with the month of
Please charge my: 🛛 Visa 🔹 Mastercard	American Express Discover
Credit Card #:	Expiration Date:/
Name as it appears on card:	
	Date:
 ELECTRONIC FUND TRANSFER* By selecting this box, I authorize the Los Angeles Regional Food Bank to deduct my monthly gift from the designated checking or savings account automatically each month as indicated below. Charge \$ on the □1st or □15th beginning with the month of 	
Bank or Credit Union Name	
City State	Zip
	Account Number
	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.	

Mail completed form to: Development Department, 1734 E. 41st Street, Los Angeles, CA 90058.

By signing up for a monthly donation, you are providing the Los Angeles Regional Food Bank with express consent to charge your selected donation amount to your chosen payment method on a recurring monthly basis. Your donation will automatically be charged each month on the same day as your initial gift. You can cancel or modify your recurring donation at any time by contacting us toll-free at 1-877-664-8643, directly at 323-234-3030, or by emailing support@lafoodbank.org.