



# Monthly Giving Program

## Change of Information Form

- 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. Miss

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

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

### 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 beginning with the month of \_\_\_\_\_

Please charge my:  Visa  Mastercard  American Express  Discover

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorization Signature (Required): \_\_\_\_\_ 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 \_\_\_\_\_

ABA Number\*\* \_\_\_\_\_ Account Number \_\_\_\_\_

Authorization 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.*

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

Should you have any questions about the monthly giving program, please contact Corine Holland at (323) 234-3030, ext. 210 or [cholland@lafoodbank.org](mailto:cholland@lafoodbank.org).