



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: _____ Email: _____

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 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.