Meal A Day
Monthly Giving Program

Change of Information Form

To better serve your gift giving needs, please check all that apply
☐ 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 in the terms outlined 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 Rosa Valdes at (323) 234-3030, ext. 210 or rvaldes@lafoodbank.org.