



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.