



# Meal A Day

Monthly Giving Program

## Enrollment Form

☐ **Yes! I want to participate in the Meal A Day Monthly Giving Program!**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**I will make my monthly gifts by (please check one):**

☐ **CREDIT CARD**

By selecting this box, I authorize the Los Angeles Regional Foodbank to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.

Charge \$\_\_\_\_\_ on the ☐ 1<sup>st</sup> or ☐ 15<sup>th</sup> 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 Foodbank 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 ☐ 1<sup>st</sup> or ☐ 15<sup>th</sup> 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

Let us know if you have any questions, comments, or concerns. You may write them on the back of this form or contact Rosa Valdes at (323) 234-3030, ext. 210 or at [rvaldes@lafoodbank.org](mailto:rvaldes@lafoodbank.org).