



**SECOND
HARVEST
FOOD
BANK**
ORANGE COUNTY

SOCIETY OF ST. VINCENT DE PAUL

A Member of **FEEDING
AMERICA**

Second Harvest Food Bank Of Orange County

Make A Gift Donation Form

Please accept my/our gift of \$ _____ to support the Second Harvest Food Bank of Orange County.

Name (please print) _____ Date _____ Company/Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Work Ph# _____ E-mail Address _____

My company has a matching gift program. I will initiate the process to increase my gift.

Tribute Gift Offer a thoughtful gesture to celebrate a birthday, wedding, anniversary, friendship, or express sympathy with a memorial.

Please recognize this gift in (circle one) honor / memory of: _____

Please send acknowledgement to: _____

(Full mailing address, please print) _____

Form of Payment

My check is enclosed and payable to Second Harvest Food Bank of Orange County.

Please charge my Visa MasterCard American Express

Card Number (please print) _____ CVV (3 or 4 Digits Security Code) _____ Expiration Date _____

Name on Card (if different than above) _____ Signature _____ Date _____

I would like to set-up an automatic payment program for my gift. Please automatically deduct the following amount from my credit card account according to the following schedule.

A. Amount	B. Frequency	C. Starting Date	D. End Date
\$ _____	<input type="checkbox"/> per month <input type="checkbox"/> per quarter	Start Date _____	End Date _____

All gifts are tax deductible as provided by the law.
Fed Tax ID# 95-3033494

Please mail or fax your contribution to:

**Second Harvest Food Bank
of Orange County
8014 Marine Way
Irvine, CA 92618
FAX# (949) 653-0800**

Thank you for your support.

Questions?
Please call 949-653-2900