



Second Harvest Food Bank Santa Cruz County

Ending hunger and malnutrition by educating and involving the community

DONOR INFORMATION

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

- I would like to receive *Feed Hope* (Second Harvest e-newsletter, monthly)
- I would like to receive *Volunteer Voice* (e-newsletter for current and interested volunteers, monthly)

DONATION INFORMATION

Donation amount \$ _____

- Check is enclosed (payable to Second Harvest Food Bank) or
- Please charge my VISA, MasterCard or AMEX: one time only monthly quarterly yearly

Card Number _____ Exp. Date _____

Name as it appears on card _____ Authorized Signature _____

Optional Items

THIS IS A TRIBUTE GIFT: In memory of **or** In honor of

Recipient Name _____

Recipient Email _____

Recipient Mailing Address _____

City, State, Zip Code _____

Personal Message _____

- Please send me information about making a legacy gift
- No mailed acknowledgement necessary

Comments: _____

Second Harvest Food Bank is a 501(c)(3) tax-exempt organization. Our tax ID number is 77-0326685.

Please return this form by mail to 800 Ohlone Parkway | Watsonville, CA | 95076-7005

Thank you for your gift to Second Harvest Food Bank!