



Second Harvest Food Bank Santa Cruz County

Ending hunger and malnutrition by educating and involving the community

DONOR CONTACT INFORMATION

First Name _____ Last Name _____

Street _____

City _____ State _____ ZIP _____

Email _____ Phone _____

- I would like to receive Feed Hope (Second Harvest monthly e-newsletter)
- I would like to receive Volunteer Voice (monthly e-newsletter for current and interested volunteers)
- Please send me information about making a legacy gift
- No mailed donation receipt necessary

DONATION INFORMATION

Donation amount \$ _____

- Check is enclosed (payable to **Second Harvest Food Bank Santa Cruz County**)
- 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 _____

THIS IS A TRIBUTE GIFT In memory OR In honor of _____

Recipient Name _____ Recipient Email _____

Recipient Street _____

City _____ State _____ Zip Code _____

Personal Message for Recipient _____

Thank you for your gift to Second Harvest Food Bank!

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

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