



# 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	
<input type="checkbox"/> I would like to receive Feed Hope (monthly e-newsletter)	<input type="checkbox"/> Please send me information about making a legacy gift		
<input type="checkbox"/> I would like to receive Volunteer Voice (monthly e-newsletter for current and interested volunteers)	<input type="checkbox"/> 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
- I happily agree to cover the service fees so that 100% of my donation goes to Second Harvest.  Yes  No

Card Number	Exp. Date	CVC Number
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 Santa Cruz County!

**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.