

Pledge Partner Enrollment Form

Thank you for becoming a Pledge Partner to help us provide a year-round supply of nutritious food. **Please complete the entire form.**

Name	Address		
City	State	ZIP	
Phone	Email (optional)		
I agree to make the following pledge of			
□\$25 □ \$35 □ \$50 □\$75 □	\$100 🗆 \$200 🗆 Other \$	_ (minimum \$10.00)	
every □ month □ quarter □ y	year		
Please process my donation on the (chec	ck one) \square 10 th or \square 25 th of the month		
Payment Preference (choose only one)			
☐ Checking Account (please enclose your	first gift by check or enclose a black voided	l check)	
☐ Credit Card ☐ VISA ☐ MasterCa	ard American Express Discove	er	
Card Number:	Expir	ation Date:	
Security Code:			
	ta and Solano to make the above regular owill remain in effect until I notify Food Ban or discontinue the contributions.	-	
	Dat	Date:	

Please **FAX** this form to: 925-671-7933, **EMAIL** to: bbaldwin@foodbankccs.org or **MAIL** to: Food Bank of Contra Costa and Solano, 4010 Nelson Ave, Concord, CA 94520, Attention: Brandon Baldwin

Thank you for becoming a Pledge Partner!

Receipt: Keep this portion as a record of your commitment to the Food Bank of Contra Costa and Solano.

Amount pledged \$ per \(\text{per} \) month \(\text{quarter} \) \(\text{year}. \) Method of Payment \(\text{Checking Account} \) \(\text{Credit Card} \) Automatic transfers to occur on the \(\text{10th or} \) \(\text{25th day of the month}. \)

A year-end summary of your gifts will be provided in February. Automatic transfers will appear on your bank or charge statements as *Food Bank Debit FB ACH PLG*. Please direct inquiries to Brandon Baldwin at 925-676-7543 extension 210 or email at bbaldwin@foodbankccs.org. You may discontinue participation at any time by notifying the Food Bank of Contra Costa and Solano in writing 7 to 10 business days before the next transfer is scheduled. All gifts are tax deductible to the extent allowed by law. Federal Tax ID # 94-2418054