



ALAMEDA COUNTY
**COMMUNITY
FOOD BANK**

DONATION FORM

YES! I want to provide food and hope to thousands of children, seniors and adults in need in Alameda County!

Enclosed is my tax-deductible gift of:

\$35 \$50 \$100 \$250 \$500 \$_____ Other

Check enclosed.

Name _____

Street Address _____

City _____ State: _____ Zip: _____

Credit card information:

Type of card: Visa MasterCard AMEX Discover

Card No _____

Name on card _____

Exp. Date _____ (month/year) Security No. _____

Signature _____

Phone (optional - helps if we have questions) _____ Cell Home Work

Please mail donations to:

Alameda County Community Food
Bank (or ACCFB)
P.O. 7817
San Francisco, CA 94120-7817

For info call: (510) 635-3663 ext. 111

**I want to become a
Monthly Helping donor!**

Make this my first gift: \$_____

As a member of the Monthly Helping Club
I will be helping provide food year-round to
children, adults and seniors struggling

*(The Food Bank will set up a monthly automatic credit
card payment or fund transfer from your bank account
using the information on your check.)*