



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) _____ Cell Home Work

The Food Bank occasionally exchanges our mailing list with like-minded organizations. Please check here if you do not want your name included in these exchanges.

Please mail donations to:

Alameda County Community
Food Bank (or ACCFB)
Attn: Development Department
P.O. Box 2599
Oakland, CA 94614

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.)