



I would like my donation to support:

(Please Check Box Below)

- FEEDING.....080215
- EDUCATION.....080218
- HOUSING080216
- MICRO-ENTERPRISE.....103672
- MEDICAL080217
- WATER.....103673

Gift Amount: \$ _____

Please make this a monthly recurring gift

beginning on the first business day on or after the

6th / 15th / 24th of the following month, and continuing on a monthly / quarterly basis.

SIGNATURE _____

DATE _____

FIRST NAME _____

LAST NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP _____

PHONE _____ - _____ - _____

Would you like to receive important updates from Food For The Poor via email?

EMAIL _____

(We never share your email address!)

Check Enclosed

AQU_E

Please make checks payable to Food For The Poor, Inc.

Gift by Credit Card

Please charge my gift:



CARD # _____

EXPIRATION DATE ____/____/____

SIGNATURE _____

PHONE _____ - _____ - _____



A portion of donations may be used to fund the most urgent needs of the poor and ongoing support.
Contributions are tax-deductible under Internal Revenue Code section 501(c)(3).