



**Hungry children and families
need YOU**

Become a member of

Food Bank of WNY

HUNGER



**YOU can help us continue our work so that none of
our Western New York neighbors go hungry!**

Hunger Heroes is our monthly giving program that allows you to easily assist the Food Bank of WNY year-round with regular monthly donations from your credit card, debit card, or PayPal account. Your ongoing support will help the Food Bank of WNY plan for the year ahead, budgeting and allocating resources to make sure our clients have consistent access to nutritious foods.

Reasons to enroll today

- Effective** – Because we know we can count on you, we can plan ahead! Your gifts go immediately to those who need it most.
- Impactful** – Where else could your \$10 donation help provide 60 meals for the children and families in our community?
- Convenient** – Because your monthly donations are automatic, you can save time and postage. You will receive annual statements each January for your tax purposes.
- Flexibility** - You can change or even stop your donation at any time according to your needs.

Thank you for joining us in the fight against hunger!

For more information or to sign up, visit www.foodbankwny.org and go to “Give Monthly” or contact Sarah Snyder at 935-6675 or ssnyder@foodbankwny.org!

**Please remember: Your name and address are safe with us!
The Food Bank of WNY does not share, rent or sell the names of our donors.**



Enrollment Form

Title: _____ Name: _____

(e.g. Mr., Mrs., etc)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT OPTIONS *(please choose one):*

Please process my donation of \$ _____ on the 1st day of the month, beginning in _____ *(month)*

Please process my donation of \$ _____ on the 15th day of the month, beginning in _____ *(month)*

Credit Card:

Visa

MasterCard

Discover

Card number # : _____ - _____ - _____ - _____ Expiration date: ____ / ____

3-Digit Security Code: _____

American Express

Card number # : _____ - _____ - _____ - _____ Expiration date: ____ / ____

4-Digit Security Code: _____

I would like to donate monthly using my own checks.

(We will send you a year's supply of return envelopes.)

Special Instructions: _____

I authorize the Food Bank of WNY to make the above monthly deduction from my credit card account. This authorization will remain in effect until I notify the Food Bank of WNY in writing that I wish to discontinue the contributions.

Signature

Date

Please MAIL this form to:

Food Bank of WNY, 91 Holt Street, Buffalo NY 14206, Attention: Sarah Snyder, Hunger Heroes Club

Annual statements are sent every January via mail unless otherwise requested in the special instructions field.