



Foodlink Automatic Giving Plan

YES, I would like to donate regularly to Foodlink using my credit card.

I would like to donate:

Monthly

Quarterly (in January, April, July, and October)

Annually (in January)

I wish to donate using: MasterCard Visa American Express

Amount: _____

Card No. _____ Expiration Date: _____

Name as it appears on card: _____

Mailing Address: _____

Signature: _____ Date: _____

Please return this form to Foodlink: 1999 Mt. Read Boulevard, Rochester, NY 14615.

Your donation will be transferred automatically and will appear on your credit card statement monthly, quarterly or annually.

You may increase, decrease, or suspend your giving at any time, simply by calling (585) 328-3380 x127 or e-mailing rmagill@foodlinkny.org.

Thank you for your commitment to the fight against hunger!