



Foodlink Donation Form

I would like to donate:

Via credit card (see below)

Via check: Please mail your check to the following address:

Foodlink, Attn: Raven Magill, 936 Exchange Street, Rochester, NY 14608

Credit Card Donation

I wish to donate using my: MasterCard Visa American Express

Amount: _____ Card No. _____

Expiration Date: _____ Phone: _____

Name as it appears on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this form to: Foodlink, Attn: Raven Magill, 936 Exchange Street, Rochester, NY 14608

Tribute Gift

This gift is made: in honor in memory in celebration of:

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have any questions, please contact Raven Magill at (585) 328-3380 x127 or repstein@foodlinkny.org.

Thank you for your commitment to the fight against hunger!