

Food Bank Donation Using Your Checking Account

Please print and fill out the following form then mail it in with your initial donation.

PERSONAL INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

FINANCIAL INFORMATION

(only required for repeat donations)

Name on Account _____

Financial Institution _____

Withdrawal to be made from... Checking Account Savings Account

Account Number _____

Routing Number _____

FREQUENCY OF DONATIONS

(Check one below.)

One Time Only Weekly Monthly Annually

NOTE: For weekly donations Food Bank will draw from this account on Monday of each week. For monthly donations, we will draw on the first working day of each month. And annual donations will be drawn on the calendar date (or the first working day thereafter) of your initial donation.

DONATIONS MADE IN THE NAME OF A LOVED ONE

Please accept this donation in the name of...

Address to send acknowledgement to (if applicable)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Comments: _____

Mail completed form with your initial donation to: 4600 Central Ave., Monroe LA 71203