



Meal A Day

Monthly Giving Program

Enrollment Form

Yes! I want to participate in the Meal A Day Monthly Giving Program!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I will make my monthly gifts by (please check one):

CREDIT CARD

By selecting this box, I authorize the Los Angeles Regional Food Bank to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.

Charge \$ _____ on the 1st or 15th beginning with the month of _____

Please charge my: Visa MasterCard American Express Discover

Credit Card #: _____ - _____ - _____ - _____ Expiration Date: _____ / _____ Security Code _____

Name as it appears on card: _____

Authorization Signature (Required): _____ Date: _____

ELECTRONIC FUND TRANSFER*

By selecting this box, I authorize the Los Angeles Regional Food Bank to deduct my monthly gift from the designated checking or savings account automatically each month as indicated in the terms outlined below.

Charge \$ _____ on the 1st or 15th beginning with the month of _____

Bank or Credit Union Name _____

City _____ State _____ Zip _____

ABA Number** _____ Account Number _____

Authorization Signature (Required): _____ Date: _____

*You must include a voided check to complete the process

**Usually the ABA number is the first nine digits on the bottom of your check.

Mail completed form to: Development Department, 1734 E. 41st Street, Los Angeles, CA 90058

Let us know if you have any questions, comments, or concerns. You may include them on the back of this form or contact the Ophelia Groomes at (323) 234-3030, ext. 149 or ogroomes@lafoodbank.org.