

COMMUNITY HARVESTER'S CLUB APPLICATION



Please fill out this application and mail to:

Community FoodBank of New Jersey
31 Evans Terminal Road
Hillside, NJ 07205

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ E-Mail: _____

I would like to make my automatic monthly donations through my:

Checking Account (Please select one of the following):

- Enclosed is a check with my first monthly payment
- My blank, voided check is attached

Credit Card (Please select one of the following):

- Visa
- MasterCard
- American Express

Card #: _____ Expires: _____

I authorize the Community FoodBank of New Jersey to transfer the following amount (minimum \$10.00) monthly:

\$10.00 \$15.00 \$20.00 \$25.00
 \$50.00 \$75.00 \$100.00 Other: _____

I understand my gift will be transferred on the 1st working day of each month. This authorization will remain in effect until I notify the Community FoodBank of New Jersey in writing that I wish to change my contribution.

Signature: _____ Date: _____



31 Evans Terminal Rd
Hillside, NJ 07205
(908)355-FOOD (3663)
www.njfoodbank.org