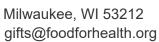
Donation Form

Please complete this form and mail it with your contribution to:

Food For Health2007 N. Dr. Martin Luther King Jr. Drive





Enclosed is my gift of : □\$1000 □\$750 □\$500 □\$250 □\$100 □Other \$	
Name	
Company	
(if donation is from a company/organization)	
Address	
City State _	
Phone Email	
Food For Health is a 501(c)3 non-profit organization, federal tax-exempt ID 88-2338789.	
Please indicate:	
☐ Check is enclosed (Please make check payable to Food For Health)	
Gift will be matched by	☐ Form enclosed
(Company/Foundation)	
☐ Please charge to (circle card type)	
Account #	Expiration/ CVV
Name on card	
Signature	
Please apply my gift toward the following program (check all that apply):	☐ In honor of: ☐ In memory of:
☐ Wherever the need is greatest (unrestricted)	
☐ Health Management Program	Card to
☐ Be3 Community Health Hub	Address
☐ Be Fueled ☐ Be Fit ☐ Be Focused	
☐ Direct Connect Self-Referral Program	
Other	

Thank you for creating equitable access to healthy and happy lives through the power of food!