

Donation Form

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

Food For Health

2007 N. Dr. Martin Luther King Jr. Drive

Milwaukee, WI 53212

gifts@foodforhealth.org



FOOD FOR HEALTH™

Enclosed is my gift of: \$1000 \$750 \$500 \$250 \$100 Other \$ _____

Name _____

Company _____
(if donation is from a company/organization)

Address _____

City _____ State _____ ZIP _____

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) **Visa** **Mastercard** **Discover** **American Express**

Account # _____ Expiration ____/____ CVV _____

Name on card _____

Signature _____ Today's Date _____

Please apply my gift toward the following program

(check all that apply):

Wherever the need is greatest (unrestricted)

Health Management Program

Be3 Community Health Hub

Be Fueled Be Fit Be Focused

Direct Connect Self-Referral Program

Other _____

In honor of: In memory of:

Card to _____

Address _____

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