



Join the Hawaii Foodbank Fight Hunger Hui!

Electronic Funds Transfer (EFT) Gifts

Your monthly gift provides food so no one in our island ohana goes hungry.

1. Donor Information: Please fill out your information below.

Title: Mr. Mrs. Ms. Dr. Other _____ Suffix (Jr., M.D., Sr.) _____
Name: _____ Company: _____
Home Address: _____ City/State: _____ Zip: _____
Billing Address: (If different from above) _____
Business Phone: _____ Home Phone: _____
Business E-mail: _____ Home E-mail: _____
Circle one: State of Hawaii City & County Department: _____

Check here if you do not want to receive e-mails about Hawaii Foodbank news & events.

2. Gift Information: Your monthly gift will be processed on the 15th day of every month.

Amount: _____

3. Recognition: We recognize donors by publishing their names in our newsletter and annual report. Please indicate if you would like to be recognized or remain anonymous.

OK to publish: _____ I wish to remain anonymous: _____

4. Processing Information:

Choose how your gift will be processed (direct debit or credit card). Please fill out the corresponding information.

DIRECT DEBIT (Directly from your bank account)

Full Name on Account: _____

Bank Name: _____

Routing #: _____

Checking Savings
Account #: _____

CREDIT CARD

Visa MasterCard American Express Discover
Full Name on Card: _____

Card #: _____

Exp. Date: _____

Month/Year

5. Sign this form: We need your signature to authorize the gift process.

Signature: _____ Date: _____

Mahalo!