



# Sponsor a child, *change a life.*

Your generous monthly pledge in support of the *Weekend Backpack Program* has provided nutritious meals for children who might have otherwise gone without. Thank you! Your help is needed more than ever to ensure at-risk children don't have to worry about weekend meals during the 2020-2021 school year.

## Contact Information

Donor Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## I will support the *Weekend Backpack Program* with a gift of:

**\$360.00** Sponsors one *Weekend Backpack* child for a full school year  
\$30 monthly donation for one year\*

**\$180.00** Sponsors one *Weekend Backpack* child for one semester  
\$15 monthly donation for one year\*

I pledge a monthly gift\* of \$ \_\_\_\_\_ from September 2020 to August 2021.

Please make my monthly donation of \$ \_\_\_\_\_ an ongoing gift  
As a monthly donor, your gift will provide sustainable funding for the *Weekend Backpack Program*

\_\_\_\_\_ Other Amount (\$10 = 1 bag of weekend meals)

## Payment Options:

**One time gift, paid in full**  
Please circle payment method:      Check      MasterCard      Visa      Discover

**Please use the payment option below beginning in September 2020**

### Debit or credit card information (or make donation online at [www.ozarksfoodharvest.org](http://www.ozarksfoodharvest.org))

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_ Security Code: \_\_\_\_\_

Please process my donation on the \_\_\_\_\_ of each month.

### Automatic fund withdrawal from checking account

Name (as it appears on bank account): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Type: \_\_ Checking \_\_ Saving \_\_ Business Checking

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Only authorized Food Bank staff have access to information about credit cards and bank accounts. Account numbers are not kept on file after enrollment. All information is strictly confidential.

I authorize Ozarks Food Harvest to charge my credit card or debit my checking account as indicated above. Monthly gifts will charge for 12 months only. Please call 417-865-3411 or email [mrdudd@ozarksfoodharvest.org](mailto:mrdudd@ozarksfoodharvest.org) to change this donation with seven days notice prior to next deduction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail form and check to: Ozarks Food Harvest Attention: Jennifer Sickinger,**

**2810 N. Cedarbrook Ave. | P.O. Box 5746 | Springfield Mo. 65801-5746**

417-865-3411 | [ozarksfoodharvest.org](http://ozarksfoodharvest.org)

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