



# 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 children facing hunger don't have to worry about weekend meals during the 2022-2023 school year.

## Contact Information

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

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

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

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

If time permits, may we mention your name on-air as a matching partner?  Yes  No

If yes, what name would you like us to use? \_\_\_\_\_

## 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*

Please renew my Hungerthon pledge of \$ \_\_\_\_\_ monthly

*Your pledge will run September 2022 through August 2023*

**\$180.00** Sponsors one *Weekend Backpack* child for one semester

*\$15 monthly donation for one year*

\_\_\_\_\_ 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 September 2021

### Debit or credit card information

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 contact Allie Smith at 417-865-3411 or email [asmith@ozarksfoodharvest.org](mailto:asmith@ozarksfoodharvest.org) to change this donation with seven days notice prior to next deduction.

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