

## 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 2023-2024 school year.

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|------------|---------|------|-----------|
| <b>~</b> . | <br>    | IE.  | <br>ation |
|            | <br>10T | Into | ation     |

| Donor Name: _     |   | Business:  |  |  |
|-------------------|---|--|--|--|
| Address:          |   |  |  |  |
| City:             |   | _ State: Zip:  |  |  |
| Phone Number      | r:  | _ Email Address:   |  |  |
| If time permits,  | , may we mention your name on-air as a matc   | hing partner? 🗌 Yes 🔲 No   |  |  |
| If yes, what nar  | ne would you like us to use?  |  |  |  |
| Ludhamaa          | t the <i>Weekend Backpack Program</i> w   | inh a wife of  |  |  |
| ı wili suppor     | t the Weekend Баскраск Program w  | itti a giit oi:  |  |  |
| \$360.00          | Sponsors one Weekend Backpack child<br>for a full school year<br>\$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 Op        | otions:   |  |  |  |
|                   | e gift, paid in full<br>e payment method: Check MasterCard  | Visa Discover  |  |  |
| Please us         | se the payment option below beginning Sep   | tember 2021  |  |  |
| Debit             | or credit card information  |  |  |  |
| Card N            | Number:   | Expiration Date:   |  |  |
| Name              | (as it appears on card):  | Security Code:   |  |  |
| Please            | process my donation on theo   | f each month.  |  |  |
| Autom             | atic fund withdrawal from checking accoun   | t  |  |  |
| Name              | (as it appears on bank account):  |  |  |  |
| Bank N            | Name:   | Type:CheckingSavingBusiness Checking   |  |  |
| Bank A            | Account Number:   |  |  |  |
| Routin            | g Number:   |  |  |  |
|                   | Food Bank staff have access to information about . All information is strictly confidential.        | c credit cards and bank accounts. Account numbers are not kept on file   |  |  |
| 12 months only. F |   | t my checking account as indicated above. Monthly gifts will charge fo<br>email rcramer@ozarksfoodharvest.org to change this donation with |  |  |
| Signature:        |   | Date:  |  |  |