Harvest Circle Enrollment Form

To join the Harvest Circle community and provide meals year-round. Fill out this form and mail to Ozarks Food Harvest, P.O. Box 5746, Springfield Mo., 65801-5746. You can also enroll online at ozarksfoodharvest.org/donate.

Courtesy Title: _		Name:			
Address:					
City:			State:		Zip:
Phone:		Ema	ail (required fo	or credit	cards):
Name of employe	er:				
Does your employ	yer offer	an employee match? ☐ Yes ☐] No		
I want to provide	meals w	ith a monthly gift of:			
·		Helps provide 400 meals a month		\$10	Helps provide 40 meals a month
	\$50	Helps provide 200 meals a month		Other \$	
	\$25	Helps provide 100 meals a month			my gifts to remain anonymous
Giving Options	(check	one)			
Monthly gift	by debit	or credit card			
Card Number: Exp. Date:					Exp. Date:
Name as it ap	pears or	n card:			Security Code:
*Enrollment for r	monthly de	bit/credit cards can also be completed at w	ww.ozarksfoodha	arvest.org/	'donate
Monthly gift	by autor	natic fund withdrawal from a chec	king account		
		n account:			
Bank Name: .					Type:CheckingSaving Business Checking
Account Number:			Routing Number:		
Mail a check	monthly	to Ozarks Food Harvest			
	-	onth supply of remittance envelopes fo	r my convenien	ce	
Only authorized Food Ba	ank staff hav	e access to information about credit cards and ba	nk accounts. Accou	nt numbers	are not kept on file after enrollment. All information is strictly
		harge my credit card or debit my checking accou. foodharvest.org to change or cancel this donation			t listed. I understand this authorization will remain in effect until I call next deduction.
Signature:				Date	;
Receipt Frequen	cv:				
	-	hank you receipts and a year-end c	donation sumr	mary mic	J-January.
I'd prefer iust	a year-e	nd donation summary.			