



Second Harvest Heartland Monthly Giving Enrollment Form

Yes, I want to help change hunger to hope by becoming a Monthly Giver!

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Email _____

My company will match! (Enclose your company's matching gift form or provide company information.)

Giving Options

Checking or Savings: Deduct my monthly gift.
(My blank voided check or savings deposit slip is attached.)

Credit Card: Charge my monthly gift.
(Visa, MasterCard, American Express, Discover)

Account #

□□□□ □□□□ □□□□ □□□□

CSV #

□□□□

3-4 digit code on front
or back of card

Exp. Date

□□ □□

month year

I authorize Second Harvest Heartland to make automatic monthly deductions:

\$500 \$250 \$100 \$50 \$25 \$10 Other \$ _____

This authorization will remain in effect until I notify Second Harvest Heartland that I wish to change my contribution. My yearly donation total will be acknowledged with an annual tax receipt.

Signature _____ Date _____

Donor Relations, Second Harvest Heartland : Phone: 651.209.7950 M-F 8:00-4:30 CST
1140 Gervais Ave, St. Paul, MN 55109-2020 : donorrelations@2harvest.org | 2harvest.org/monthlygiver

Second Harvest Heartland never sells or rents donor information.