



***Friends of the Food Bank***  
**Monthly Pledge Authorization Form**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

I would like to make a monthly gift of \$\_\_\_\_\_ to the Capital Area Food Bank.  
*(Administrative costs prevent us from accepting monthly pledge contributions less than \$5.00)*

**Payment Options:**

I authorize my bank to transfer the above amount from my checking account. I understand that a record of each donation will be included on my monthly bank statement.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

*Enclosed is a check for my first monthly contribution made payable to CAFB.*

I prefer to pay by credit card each month, and understand that the above amount will be charged to my:

VISA                      MasterCard                      Discover                      American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Please Print and Send to:

**Capital Area Food Bank  
Attn: Development Dept.  
645 Taylor Street, NE  
Washington, DC 20017**

In the event I wish to change or discontinue my pledge, I will contact Jen Saikevicz at (202) 526 5344 x290  
**All donations are tax-deductible!**