



Please fill out the form below, and fax it to 917.351.8723 or mail it to:

City Harvest  
Attention: Donor Systems  
575 Eighth Avenue, 4<sup>th</sup> Floor  
New York, NY 10018

**Enclosed is my tax-deductible contribution:**

- \$25 helps us rescue more than 100 pounds of food.
- \$50 helps feed 32 kids for a week.
- \$100 helps feed 15 seniors for a month
- \$250 helps feed one family for a year
- Other \_\_\_\_\_ (gifts of any amount will be put to use immediately)

**Please bill my credit card:**

- Visa     MasterCard     American Express

Signature

Card number   
eg: 1234-5678-9012-0000

Expiration   
eg: 09/98

Cardholder name

Address

City  State  ZIP

Phone

Email

- My employer has a Matching Gift program. Enclosed with my check is my company's form or I will forward the form in the mail.  
This gift is in (check one box)  
 honor of     memory of:

- Please notify:

Name

Address

City  State  ZIP

Thank you for your help! Your gift will be acknowledged through the mail.  
City Harvest is a registered charitable organization. A copy of our most recent financial information may be obtained directly from City Harvest or from the Office of the Attorney General, NY State Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271