



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

City Harvest
Attention: Donor Systems
575 8th Avenue, 4th Floor
New York, NY 10018

Enclosed is my tax-deductible contribution:

- \$25 helps us rescue nearly 100 pounds of food.
- \$50 helps feed nearly 40 kids for a week.
- \$100 helps feed 18 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