



FEEDING OUR HUNGRY NEIGHBORS – MONTHLY GIVING

Northern Illinois Food Bank leads the Northern Illinois community in solving hunger by providing nutritious meals to those in need through innovative programs and partnerships. Last year, we distributed nearly 66 million meals through our network of more than 900 partner feeding programs in 13 counties.

Every \$1 donated helps provide \$8 worth of groceries to hungry neighbors. And 97 percent of our resources go directly to our feeding programs.

Our monthly giving club, **Serving Hope**, consists of dedicated partners who commit to a minimum monthly gift of \$10. Monthly giving allows Northern Illinois Food Bank to plan ahead and ensure that our hungry neighbors can depend on us whenever they need food.

You can give with your credit card or through an automatic checking account withdrawal.

Imagine what a **Serving Hope** member can do for a hungry neighbor:

- **\$20** helps provide a food box each month to a senior who is not able to visit a food pantry
- **\$60** helps provide a food-filled backpack to feed three children every weekend of the school year
- **\$100** helps provide \$800 worth of groceries each month, enough for a family of four

Please consider committing to a monthly gift and help us solve hunger in Northern Illinois.

To join, please complete the form below and either fax to (630) 443-6916 or mail to 273 Dearborn Court, Geneva, IL 60134; contact Julia Jones at jjones@northernillfoodbank.org or at (630) 443-6910 ext. 166; or visit www.SolveHungerToday.org/Monthly.



REMOVE HERE AND RETURN TO NORTHERN ILLINOIS FOOD BANK.

I want to help with a monthly contribution of:

\$100 \$60 \$40 \$20 Other \$ _____

Giving Options (check one):

I prefer to make automatic gifts through my checking account.

Bank Account Number: _____

Bank Routing Number: _____

Please attach a copy of a voided check and complete name and address information. The withdrawal will occur on the 15th of each month or the next business day.

I prefer to charge my monthly gift to my credit card. Please provide your credit card information and billing address.

Visa MasterCard Discover American Express

Card #: _____

Exp. Date: _____

CVV: _____

Name as it appears on card: _____

I authorize Northern Illinois Food Bank to charge my credit card/debit my checking account every month with the amount listed. I understand this authorization will remain in effect until I call (630) 443-6910, and that changes to or cancellations of this donation must be made 7 days prior to the next deduction.

Signature: _____

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ / _____ / _____

E-mail (required for credit card): _____

For Northern Illinois Food Bank use only:

Start Date: _____

Entered By: _____