

Fight Hunger donation form.

Thank you for supporting the mission of
Northern Illinois Food Bank!



Donor Information

Full Name: _____

Mailing Address: _____

Email: _____

To ensure your tax-deductible donation is reflected in a Fight Hunger participant's personal fundraising efforts, please include their full name.

Full Participant Name: _____

Participant Team Name (if applicable): _____

Mail check to (please do not mail cash):

Northern Illinois Food Bank

C/O Fight Hunger

273 Dearborn Court

Geneva, IL 60134



**NEIGHBORS.
EMPOWERED.**