



Thanks for joining the *Monthly Providers Circle!*
Fighting Hunger. Feeding Hope.

Everyone deserves hope and the chance to realize their full potential, yet the problem of hunger is a concern for people in our community throughout the year. With your continued support as part of the *Monthly Providers Circle*, Hoosier Hills Food Bank will keep on working to feed the programs that feed the people.

Please print your name as you would like it to appear on donor listings:

| | | |
|----------|--------|------|
| Name: | Email: | |
| Address: | Phone: | |
| City: | State: | Zip: |

I do not wish for my name to appear on donor listings.

I would like to support the Hoosier Hills Food Bank by making a monthly donation that will be automatically deducted from my checking account. I understand the need for a dependable source of funds to fight hunger. I authorize Hoosier Hills Food Bank to transfer the following amount (minimum \$10.00) monthly on the ___ 1st or ___ 15th of the month:

\$100.00 \$75.00 \$50.00 \$25.00 \$20.00 \$15.00 \$10.00 Other: _____

Authorization for Preauthorized Fixed Payments (ACH Debits)

I hereby authorize **HOOSIER HILLS FOOD BANK, INC.** (HHFB) to make scheduled withdrawals from the account as identified below at Depository Financial Institution, (hereinafter referred to as DFI) and authorize the DFI to charge such withdrawals to my listed account. Such withdrawals shall be equal to \$_____ and payable monthly, the first of which is to be on _____. If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to HHFB. I acknowledge receipt of a filled copy of the Authorization.

| | | | |
|--------------------|---------------------------|-----------------------------|-----------------------------|
| | | | ___ checking ___ savings |
| Name of DFI | DFI Routing Number | Account No. to Debit | Type of Account |

Name on Receiving Account: Hoosier Hills Food Bank, Inc.

Limitations on Purpose for Withdrawal: _____

Donor Signature: _____ Date: _____

PLEASE ATTACH A CHECK FOR YOUR FIRST MONTH'S CONTRIBUTION OR A VOIDED CHECK. THANK YOU.

Please save this portion as a record of your commitment to Hoosier Hills Food Bank.

| | |
|---|--|
| Amount pledged per month \$_____ beginning _____ (mm/dd/yyyy). | |
| Automatic monthly transfers to occur on the: ____ 1 st or ____ 15 th | Account debited: ____ Checking ____ Savings |

- A year-end summary of your gifts will be sent to you for your tax records.
- Automatic transfers will appear on your bank or charge statement.
- Contributions are tax deductible to the full extent allowed by current law.
- HHFB has a privacy policy which prohibits the sharing of personal donor information outside of our organization.
- Contact Hoosier Hills Food Bank with any inquiries you have regarding electronic giving.
- You may increase, decrease, or discontinue your monthly donations at any time by notifying Hoosier Hills Food Bank in writing at least 10 business days prior to the next scheduled transfer.

Hoosier Hills Food Bank • Tax ID # 31-1051402

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Thank you for helping take the hunger out of poverty