

COMPLETE FORM & FAX: 760-775-0252 (or)

MAIL: P.O.B. 10080 / Indio, CA 92202

<b>OFFICE USE: Online Donation</b>			
FIND Initial / Date:			

## F.I.N.D. FOOD BANK

## **CREDIT CARD DONATION FORM**

## **Every \$1 = 7 Meals**

E-mail Address:		
For donations, please select one:   One-time	e Donation 🗆 N	Monthly Giving Program
Donation Amount: \$		☐ MasterCard ☐ Visa☐ Discover
Donor Name:		
Name on Credit Card: ☐ Same as Donor (OR)	:	
Billing Address:		
City:	State:	Zip:
Telephone Number (In case there's a problem)	: ( )	
Credit Card Number:		
Card Expiration: Month /	Year Security	Code:
(3-digit security code located on back of Visa, MC the front of the card, just above the end of the		(4-digit security code is on
Would you like someone to contact you regarding	g others ways you car	ı help?
<ul><li>□ Volunteer Opportunities</li><li>□ Donate Food</li><li>□ Other (Please describe):</li></ul>	☐ Gifts Under A Will (	or Trust ☐ Gifts of Stock