



Join the Hawaii Foodbank Fight Hunger Hui!

Electronic Funds Transfer (EFT) Gifts

Your monthly gift provides food so no one in our island *ohana* goes hungry.

1. Donor Information

Please fill out your information below.

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

☐ Suffix (Jr., M.D., Sr.) _____

Name: _____

Company: _____

Home Address: _____

City/State: _____ Zip: _____

Billing Address: (If different from above) _____

Business Phone: _____

Home Phone: _____

Business E-mail: _____

Home E-mail: _____

Circle one: State of Hawaii City & County

Department: _____

☐ Check here if you do not want to receive e-mails about Hawaii Foodbank news & events.

2. Gift Information

Direct Debit: Your gift will be processed on the: 15th or last day of every month. (Please circle your preference.)

Credit Card: Your gift will be processed on the: 5th, 15th, 20th or last day of every month. (Please circle your preference.)

Amount: _____

3. Recognition

We recognize donors by publishing their names in our newsletter and annual report. Please indicate if you would like to be recognized or remain anonymous.

OK to publish: _____ I wish to remain anonymous: _____

4. Processing Information

Choose how your gift will be processed (direct debit or credit card). Please fill out the corresponding information.

DIRECT DEBIT (Directly from your bank account)

Please enclose a voided check.

CREDIT CARD

☐ VISA

☐ MasterCard

☐ American Express

☐ Discover

Full Name on Card: _____

Card #: _____

Exp. Date: _____

Month/Year

5. Sign this form

We need your signature to authorize the gift process.

Signature: _____

Date: _____

Mahalo!