



Monthly Harvest Club Enrollment Form

Foodbank of Santa Barbara County
4554 Hollister Ave.
Santa Barbara, CA 93110
805-967-571
805-683-4951 (Fax)

490 W. Foster Road
Santa Maria, CA 93455
805-937-3422
805-937-8750 (Fax)

Name _____
Address _____
City, State, Zip _____
Day Phone _____
Email _____

Please acknowledge my gifts:
(Please choose one)

- Annually
 Monthly

Donation Date Option:
(Please choose one)

Please process my donation on the 15th
day of the month for \$ _____
beginning _____

Please process my donation on the 30th
day of the month for \$ _____
beginning _____

Please charge my automatic gift to:

- Credit Card *(please choose one)*:
- Visa
 MasterCard
 American Express

Card # _____

Expiration Date _____

- I would like to make my donation
each month online at
www.foodbanksbc.org.
- I would like to donate monthly using
my own checks.

I authorize the Foodbank to make the following deduction from my credit card account. This authorization will remain in effect until I notify the Foodbank of Santa Barbara County in writing that I wish to discontinue the contributions.

Signature _____ Date _____

Please fax this form to 805-937-8750 or send it to Foodbank of Santa Barbara County, 490 W. Foster Road, Santa Maria, CA 93445. We will send you confirmation of your monthly giving program. Thank You!

www.foodbanksbc.org