



# No Hungry Child Sustainers Circle Application

**Feed the Future: One Brain and One Belly at a Time.**

*Please complete this application and mail to No Hungry Child.*



Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We authorize Marion-Polk Food Share to automatically transfer my/our donation of \$ \_\_\_\_\_  
from my/our checking account or credit card on the  5th or  20th of each month. *(Please check one)*

*Complete appropriate box below.*

## Checking Account

*Please enclose one of the following.*

- Check with your first monthly gift
- A blank voided check

This option avoids credit card fees and more of your gift goes to feeding the future.

or

## Credit/Debit Card

*Please select one of the following.*

- VISA                       American Express
- MasterCard               Discover

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature *(required)*: \_\_\_\_\_

Gift transfers will occur on or about the 5th or 20th of each month *(please check box above)*. I understand that my gift will be used to feed bellies and brains and will be divided evenly between Marion-Polk Food Share and Salem-Keizer Education Foundation. This authorization will remain in effect until I notify Marion-Polk Food Share/SKEF, at any time, that I wish to change my contribution.

- I/We wish to remain anonymous. (i.e. no donor recognition listings, or placement of name on donor wall)
- My employer matches gifts. Contact me for information.

*Mail completed form to:* Attn: No Hungry Child, 1660 Salem Industrial Dr. NE, Salem, OR 97301