



# PRINTABLE DONATION FORM

Mail completed form to: **Greater Washington County Food Bank**  
1000 Horizon Vue Drive Suite HQ1D15 • Canonsburg, PA 15317

Donation amount: \$ \_\_\_\_\_

Monthly  One-time

## BILLING INFORMATION

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Donate by check:** Mail check and this form to:  
Greater Washington County Food Bank • 1000 Horizon Vue Drive Suite HQ1D15 • Canonsburg, PA 15317

**Donate by credit card:**  
Please charge my credit card with my contribution of: \$ \_\_\_\_\_ (All amounts will be charged in U.S. dollars.)

**Circle card type:**  Amex  Discover  Master Card  Visa

Please print card # using **Black** or **Blue** ink.

EXP. Date (MMYY)

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Name on card: \_\_\_\_\_  
*Please print name clearly*

Authorizing signature: \_\_\_\_\_

### Are you dedicating this donation?

No  
 Yes, my donation is in honor of \_\_\_\_\_  
*Name of individual*

Yes, my donation is in memory of \_\_\_\_\_  
*Name of individual*

Would you like Greater Washington County Food Bank to send a card to someone as notification of your honor or memorial donation? *Your gift amount will not be included in the card.*

No, do not send a card.

Yes, send a card to:  
Name: \_\_\_\_\_

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

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

*Personal message and signature (maximum of 350 characters):*  
\_\_\_\_\_  
\_\_\_\_\_