



Please print and complete this form and mail with your contribution to:

Community Harvest Food Bank of Northeast Indiana, Inc.

P.O. Box 10967

Fort Wayne, IN 46855

(Please do not send cash through the mail)

I would like to contribute: \$_____

Enclosed is my check for \$_____ made payable to Community Harvest Food Bank

Charge my credit card: _____ MasterCard _____ Visa _____

Account Number _____ Expiration Date _____

Name (on credit card) _____

Address (on credit card) _____

City _____ State _____ Zip _____

Phone _____

E-mail Address: _____

I wish to remain anonymous. _____ Yes _____ No

This gift is: _____ in memory of _____ in honor of

Name: _____

Please send notification of gift to (will not include amount of gift):

Name _____

Address _____

City _____ State _____ Zip _____

Relationship to person being remembered: _____

Contributions to the Community Harvest Food Bank of Northeast Indiana, Inc. are tax-deductible to the extent allowed under IRS guidelines. **Thank you!**