



MATTHEW'S CROSSING
FOOD BANK®

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WWW.MATTHEWSCROSSING.ORG

DONATION FORM

Yes, we/I will support your mission of service to the working poor with this contribution to **Matthew's Crossing**

Enclosed is our/my check for \$ _____

Please circle: Dr. Mr. Mrs. Mr. & Mrs. Ms. Miss. Rev.

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

This gift is:

In honor of: _____

In memory of: _____

Please send acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Matching Gift (If your employer has a gift matching program, please enclose the completed forms required by your company.)

I have made a gift to **Matthew's Crossing** in my will, life insurance policy or retirement plan.

Please keep my gift anonymous

I would like to sign up for reoccurring monthly/annual automatic donations from my credit card or bank account

Please send me information about:

How to include **Matthew's Crossing** in my estate planning.

How to volunteer for **Matthew's Crossing**

How to contribute non-cash gifts.

Contributions are tax deductible to the extent provided by law. **Please direct donations and inquiries to the address above.**