



SECOND HARVEST HEARTLAND DONATION FORM

Yes, I want to support Second Harvest Heartland in its mission to end hunger through community partnerships. Please use my donation to help feed families in Minnesota and western Wisconsin.

Please fill out your information exactly as it appears on your credit card statement.

Name: _____ Phone: (____) _____

Address: _____

City, State, Zip: _____

Email: _____

My company will match! (Enclose your company's matching gift form or provide company information)

Check Visa MasterCard American Express Discover

Card #: _____ Expiration Date: _____

Amount: \$100 \$50 \$20 \$10 Other \$: _____

Please let us know if your donation is in response to any issue, campaign, tribute, memorial/honor or otherwise:

Signature: _____ Date: _____

Your contributions to Second Harvest Heartland are tax deductible to the full extent of the law.

Please mail this form to:

Donor Relations, Second Harvest Heartland
PO Box 64051, Saint Paul, MN 55164-0051
Phone: 651.209.7950 / Fax: 651.484.1064
donorrelations@2harvest.org / 2harvest.org