

AUTOMATIC MONTHLY DONATION

_____ Yes, I'd like to start using Automatic Donation Service.

1. To have payments withdrawn from your checking or savings account, complete the information below.
2. Print and sign the form. Return it with voided check or deposit slip to Gorham Food Pantry, P.O. Box 547, Gorham, ME 04038

BANK ACCOUNT

I authorize my bank to transfer monthly payment to Gorham Food Pantry from my:
___ Checking ___ Savings Account.

Amount: ___ \$5 ___ \$10 ___ \$25 ___ \$50 ___ Other \$_____

Any questions, please call Dede Perkins, 671-3904.

PERSONAL INFORMATION

Name: _____

Business Name, if applicable: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SIGNATURE

Print name as it appears on account: _____

Signature (*Required*): _____ Date: _____

Please return form and voided check or deposit slip to:
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