



Partners in Sharing Enrollment Form

- Yes!** I know hunger is a 365-day-a-year problem; I want to be a member of *Partners in Sharing* and I plan to give \$_____ monthly.
- I prefer to send monthly checks.
- Please send me a set of return envelopes.
- I use online banking monthly bill pay checks.
- I want my monthly contribution to be charged to my credit card by the Food Bank. The amount charged will show up on my monthly credit card statement and will be in effect until I notify the Atlanta Community Food Bank in writing.
If you prefer, you can also enroll online at www.acfb.org.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Amount of gift: \$_____ (minimum \$10)

Please check type of card: VISA Master Card American Express Discover

Account Number: _____

Expiration Date: _____

Signature _____

Please mail form to:
Atlanta Community Food Bank, 732 Joseph E. Lowery Blvd, NW, Atlanta, GA 30318

Contact: John C. Montgomery, Senior Development Manager
678-553-5944 or john.montgomery@acfb.org

