

**Atlanta Community Food Bank
Partners in Sharing
Enrollment Form**

Use this form to make arrangements to become a member of Partners in Sharing.

 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 during 2008.

I prefer to send monthly checks. Please send me a set of return envelopes.

I can not commit to monthly giving this year, but want to help with a single donation of \$_____.

Name: _____

Address: _____

City: _____, State: _____ ZIP: _____

Phone: _____

I want my monthly contribution to be charged to my credit card. 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.

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

Or contact: John C. Montgomery
678-553-5944 or john.montgomery@acfb.org

