

Mail to:
Feeding South Dakota
4701 N Westport Ave
Sioux Falls, SD 57107



www.feedingsouthdakota.org
605.335.0364

DONOR INFORMATION:

Name/Business Name: _____
Address: _____
Address 2: _____
City, State, Zip: _____
Email: _____
Phone #: _____

Yes! I want to become a **Hero for the Hungry** by enrolling in the monthly giving program!

The amount specified will be deducted from your checking account or billed to your credit card.

\$ _____ monthly

GIFT INFORMATION:

- \$25 provides 75 meals
- \$50 provides 150 meals
- \$75 provides 225 meals
- \$100 provides 300 meals
- \$250 provides 750 meals
- \$Other _____

Special Instructions:

All donations are designated regionally, based on donor zip codes.

PAYMENT METHOD:

- Cash Check (payable to Feeding South Dakota)
Credit Card: Visa MasterCard Discover

Total Gift Amount

\$ _____

Name on Card: _____
Card Number: _____
Exp. Date: _____
Security Code: _____

IN HONOR OF / IN MEMORY OF:

Please complete the below information if your donation is made in memory of or in honor of a loved one. Feeding South Dakota will notify your loved ones or their family of this gift.

Occasion: _____
Honoree Tribute Name: _____

- In honor of In memory of

Please send an acknowledgement to:

Name: _____
Address: _____
City, State, Zip: _____