



Donation Form

In support of the Akron-Canton Regional Foodbank, and hunger-relief efforts in our community,

I/we pledge a total commitment of \$_____.

PERSONAL INFORMATION

Name _____

My/our gift will come from another source (e.g. foundation, company, etc.). Source: _____

Address _____

City/State/Zip _____

Phone _____ Email _____

PAYMENT INFORMATION

Pledge will be paid by:

☐ Check made payable to: Akron-Canton Regional Foodbank (Memo: American Society of Safety Professionals)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Your credit card will be charged according to the payment schedule selected above.

Card Number _____ Exp Date ____/____

Donor Signature **(required)**

Pledge Date

Please contact me/us ☐ about remitting payment via transferring marketable securities.
☐ to discuss a planned or deferred gift.
☐ about making a gift through a donor-advised fund.

RECOGNITION LISTING

As a result of your gift, the Akron-Canton Regional Foodbank will provide recognition based on the associated Foodbank policies. For this purpose, please print your name exactly as you wish it to appear in acknowledgments and publications.

Recognition Listing _____ ☐ I/we prefer to remain anonymous.

The Akron-Canton Regional Foodbank is a nonprofit 501(c)(3) organization recognized by the IRS, EIN# 34-1369388. Your gift, for which you received no good or services, may be tax-deductible under current tax law. Please consult your tax professional.