



I would like to make regular donations to Food for Hungry Minds automatically.

Name [please print] _____

Street Address _____

City _____ State _____ Zip _____

I authorize Food for Hungry Minds and the financial institution named below to initiate entries to my checking/savings account. An entry will be initiated once a month on either the 8th or 24th of each month (specified below). This authority will remain in effect until I notify Food for Hungry Minds in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

Name of Financial Institution _____ Branch Office _____

Bank Routing # (9 digits) _____

Account # _____ (circle one) Checking or Savings

Day of the month donation is to be withdrawn: (circle one) 8th of Month or 24th of Month

Withdrawal will begin immediately (next 8th or 24th) after receipt of this form unless otherwise directed by you to begin withdrawal on _____.

Signature _____ Date _____

Please return this form **with a voided check** to:

Food for Hungry Minds
3108 Chicago Ave.
Minneapolis, MN 55407

Thank you for helping disadvantaged kids achieve a quality education and reach their potential in life!

Food for Hungry Minds, 3108 Chicago Avenue South, Minneapolis, MN 55407 foodforhungryminds@gmail.com