



second harvest  
**HEARTLAND**

## SECOND HARVEST HEARTLAND DONATION FORM

Yes, I want to support Second Harvest Heartland in its mission to end hunger through community partnerships. Please use my donation to help feed families in Minnesota and western Wisconsin.

Please fill out your information exactly as it appears on your credit card statement.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

My company will match! (Enclose your company's matching gift form or provide company information)

Check    Visa    MasterCard    American Express    Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount:  \$100  \$50  \$20  \$10 Other \$ \_\_\_\_\_

Please let us know if your donation is in response to any issue, campaign, tribute, memorial/honor or otherwise:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your contributions to Second Harvest Heartland are tax deductible to the full extent of the law.  
Please mail this form to:

Donor Relations, Second Harvest Heartland  
1140 Gervais Avenue, St. Paul, MN 55109-2020  
Phone: 651.209.7950 / Fax: 651.484.1064  
donorrelations@2harvest.org / 2harvest.org