



EDMONDS FOOD BANK
PEELING BACK THE LAYERS OF FOOD INSECURITY

Thrive Together Pledge Form

For questions or more information, please contact:
Casey Davis – director@edmondsfoodbank.org, 425.478.2111
Jeremy Peck – development@edmondsfoodbank.org, 425-443-0735

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

CAPITAL COMMITMENT

I/We pledge \$_____ in support of the **Edmonds Food Bank Capital Campaign** I/
We plan to make my/our contribution in the form of:

Check Charge Stock Property Other _____

This gift will be matched with \$_____ from the following company: _____

(Most companies require that each subsequent pledge payment be accompanied by a matching gift form.)

PAYMENT SCHEDULE

One time payment 3 year pledge 5 year pledge

First payment of \$_____ will be made in _____ of _____

Remaining payments are to be made Monthly Quarterly Yearly

CREDIT CARD INFORMATION

Full name on credit card _____ Exp. date _____

Card # _____ CVV _____

GIFT RECOGNITION

My/Our names should appear as follows: _____

This gift should remain anonymous.

This gift is made in memory of _____

This gift is made in honor of _____

Special Notes: _____

Donor Signature Date Donor Signature Date

EFB Representative Signature _____ Date _____

Thank you for your gift to the Edmonds Food Bank, a 501(c)(3) non-profit organization (84-2209131). Donations are tax-deductible to the fullest extent allowed by law.

Please return the completed form to:

Jeremy Peck via:

Email: development@edmondsfoodbank.org

Mail: PO Box 131 Edmonds, WA 98020

Deliver to: 828 Caspers St L100 Edmonds, WA 98020

