



By contributing monthly to Hamilton Food Share, you will make a difference!

Every \$1 donated raises \$5 worth of food to help feed individuals and families in need.

Pre-Authorized Credit Card Agreement

Yes! I wish to support Hamilton Food Share through monthly donations.

Please process a charge to my credit card for the amount of:

\$20.00 \$30.00 \$40.00 Other (please specify) _____

The charge will be processed each month on the: 1st of the month 15th of the month

This donation is made on behalf of: an individual a business

I may revoke or change my authorization at any time by contacting Hamilton Food Share, subject to providing notice of 30 days.

****Credit Card Information****

Name: _____

Credit Card Type: _____

Address: _____

Credit Card Number: _____

City: _____

Expiry Date: _____

Postal Code: _____

Tel No.: _____

Email Address: _____

Signature

Date

For further information please contact:

Hamilton Food Share

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