

CAPITAL CAMPAIGN DONATION FORM

YES! I will support MANNA's relocation and expansion!

YOUR INFORMATION	
First & Last Name(s)	
Company or Organization	
Title	
Address	
City, state, zip	
Email address	
Telephone	
CHOOSE YOUR GIFT	
<input type="checkbox"/> One-time gift: \$ _____	
<input type="checkbox"/> Installments over the next 12 months of \$ _____ per month / per quarter (please circle)	
CHOOSE YOUR PAYMENT METHOD	
<input type="checkbox"/> Credit Card: Please charge \$ _____ to my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Card number _____ Exp. Date ____/____ CVV: _____ Authorized signature _____	
<input type="checkbox"/> Direct Deposit: Please fill out attached form and return with a voided check	
<input type="checkbox"/> Check: For a tax-deductible donation , please make checks payable to our fiscal sponsor "Cooperative Development Fund of CDS" and mailed to MANNA Food Co-op. The fund will send a written letter of acknowledgement to donors of \$200 or more for your tax records. If you do not itemize your taxes and simply want to donate directly to the campaign, please make checks payable to "MANNA Food Co-op." We will send invoices for pledge installments quarterly or monthly based on your preference indicated above.	
RECOGNITION PREFERENCE	
<input type="checkbox"/> I/We would like to be recognized as a campaign donor. Please use the following name(s) in all acknowledgements _____	
<input type="checkbox"/> I/We would like this gift to be anonymous.	
PLEDGE AGREEMENT AND SIGNATURE	
By this pledge agreement, I/we agree to make a binding commitment to give the amounts(s) specified above to MANNA Food Cooperative's capital campaign. My/our signature verifies my/our intent to pledge and authorize the MANNA to execute any payment instructions that I/we have provided above.	
Signature	
Date	

Please return to MANNA Food Co-op, 105 Barbara Ave, Detroit Lakes, MN 56501

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Business name (if applicable) _____

I (we) hereby authorize MANNA Food Co-op to initiate debit entries to my (our) Checking Account/
 Savings Account indicated below at the depository financial institution named below, and to debit
the same to such account, and if necessary, credit entries and adjustments for any debit entries in
error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply
with the provisions of U.S. law.

Bank Name _____ Address _____

City _____ ST _____ ZIP _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification
from me (or either of us) of its termination in such time and in such manner as to afford COMPANY
and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please print)

Date _____ Signature _____