

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 ____ months of \$ _____ per month/quarter/year (please circle)	
CHOOSE YOUR PAYMENT METHOD	
<input type="checkbox"/> Credit Card: Please charge \$ _____ to my Visa Mastercard Discover AMEX Card number _____ Exp. Date ____/____ CVV: _____ Authorized signature _____	
<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." Pledges Welcome. Want to spread your donation over time? We're happy to send invoices for pledge installments quarterly or annually 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, 823 Washington Ave, Detroit Lakes, MN 56501. Please contact Ryan Pesch, treasurer, with any questions at 218-770-4398 or lidafarmer@gmail.com