

# 1 f♥ 1 Campaign

**First Name**

**Last Name**

**Phone**

**Address, Post/Zip Code**

**E-mail**

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**Options to Participate:**

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**Information Required for Bronze Level: Champion of Change Community Giving**

**Yes! I commit to raise funds**

Name of Food Bank (Organisation) **YOU** want food distributed to

Individual (£300)

Form a team (4 individuals) £1100

Point of Contact

Business Address, Post Code

Phone

Donation receiving address if different than above

Email

Charity Mission/Meal Distribution Program description

**We will need a copy of the food banks tax exempt letter. Please attach with your e-mail. All Bronze Level participants will be honored at our October Festival and will receive further details via e-mail.**

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Signature (Typed Name)

Date

# 1 for 1 Campaign

Auto Pay Form

*Together, we are stronger. Together, 1 for 1, we can make a difference.*

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**First Name**

**Last Name**

**Phone**

**Address, Post/Zip Code**

**E-mail**

**Yes! I will commit to sponsor a child**

Other Amount (GPB)

Donation Recurrence

**Yes! I authorise withdrawal**

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## **Donation by Bank Account**

Name of Bank

Sort Code

Account Number

Billing Address/Post Code (different than above)

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## **Donation by Credit Card**

Name (as it appears on the card)

Credit Card Number

Security Code

Type of Card

Exp. Date (MM/YY)

Billing Address/Post Code (different than above)

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Signature (Typed Name)

Date