



Donor's Name: _____

Phone: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Use a Credit Card and Fax or Mail to address below.

Name on **Credit Card**: _____ Amt: (circle one) \$500 (4x8) or \$1,000(8x8)

Pay with: (circle one) VISA MASTERCARD AM. EX; Card # _____

Expiration date: _____ **3 Digit Security Code on Back of Card**: _____

INFORMATION FOR PERSONALIZING BRICKS:

(4" X 8" brick) three lines - no more than 14 characters per line, including spaces and punctuation

(8" X 8" brick) six lines - no more than 14 characters per line, including spaces and punctuation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PAYMENT INFORMATION

MAKE CHECKS PAYABLE TO: America's Second Harvest of the Big Bend
MAIL OR FAX PAYMENT TO: 110 Four Points Way, Tallahassee, FL 32305
www.fightinghunger.org/capital-campaign Phone: 850-562-3033 Fax: 850-562-6176