



Everyone should be able to sit down at the table and have a hot, nutritious meal on a daily basis. While you won't be there to share a meal with a less fortunate friend or neighbor, your monthly gift will make sure that an individual or family in need will have access to healthy meals because of your special monthly gift through **the Supper Club!**

The Supper Club allows donors to make on-going monthly donations and gives the Food Bank of Delaware a steady source of continuing support and balances your annual giving throughout the year. Donations can be made via check or on our website by American Express, Discover, Visa or MasterCard. It's easy and efficient for you and for the Food Bank.

For tax purposes, you receive one gift acknowledgement each January reflecting all your donations. You can stop membership in the Supper Club at any time by notifying the Food Bank in writing at least 10 business days before your next scheduled transfer. Gifts to the Supper Club are tax deductible to the extent allowed by law.

How participation in the Supper Club works

You can choose to participate in the Supper Club in the way that best fits your needs. Tell us how much you want to donate each month. Then you decide how you would like to make your monthly gift:

- Fill out the form below to opt to send a monthly check (we'll provide you with coupons and return envelopes), or
- Charge your gift to your credit card by filling out the attached form or going to www.fbd.org and clicking on the green **DONATE NOW** box. As you fill in the information you will come to a section that reads "Fixed donation paid in installments" and then you choose the amount and the number of months you would like to give.

For more information, contact, Anne Killeen, Development Director at (302) 292-1305 x236 or akilleen@fbd.org

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Yes! I would like to join the Supper Club by making a monthly gift to the Food Bank of Delaware.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

I would like to donate \$ _____ for _____ months. This is a total donation of \$ _____

I will send a check each month, please provide me with mail-in gift coupons.

Please charge my credit card each month. My card is an (circle one) AMEX Discover Mastercard Visa

Card Number _____ Exp. Date ____/____/____ CVV Code _____

Name on Card _____ Signature _____

Mail to: FOOD BANK OF DELAWARE, Development Office, 14 Garfield Way, Newark, DE 19713