



## Credit Card Donation Form

For more information or questions call  
919.839.0689 or 888.501.8440

To make your gift on-line, visit [www.stophungernow.org](http://www.stophungernow.org)

\*Please fill out all starred fields completely

\*Donation:  \$100  \$50  \$25  \$10  Other \_\_\_\_\_ Date of Donation: \_\_\_\_\_

I would like to remain anonymous:  Yes  No

Mailing Address:

\*Name (as it will appear in SHN Materials): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Phone: \_\_\_\_\_

(required for sustaining gifts)

\*This donation will be made by:  Cash (please enclose)  Check (please enclose)  Credit Card

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Billing Address:  Same as mailing address

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to make a sustaining gift by deducting automatic monthly drafts from my credit card in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ (number of) months.

\*Please include me in your direct mailing list:  Yes  No \*Email mailing list:  Yes  No

Please send me more information about:  Planned Giving  Hosting a Meal Packaging Event

Yes, please make this gift in HONOR or MEMORY (circle one) of \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Personal Note: \_\_\_\_\_

Please mail completed form to:  
**Stop Hunger Now**  
**615 Hillsborough Street, Suite 200**  
**Raleigh NC 27603**

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