

FOOD BANK
of **ALASKA**



Donation Form

Date _____

Name _____

Company Name (if applicable) _____

Address _____

City/State/Zip _____

Phone or email: _____
(if we need to contact you)

Donation Amount \$ _____ Cash: Check: Credit Card:

Credit Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____

Signature _____



Thank you for your generous support!

Questions? Email: development@foodbankofalaska.org or call 907-222-3112

Food Bank of Alaska is a 501(c)(3) non-profit • Tax ID Number: 92-0073175

Mail to:

Food Bank of Alaska
2192 Viking Dr
Anchorage, AK 99501