



Automatic Pledge Form

Name: _____

Mailing Address:

Donation Frequency:

_____ Bi-weekly _____ Monthly _____ Yearly

Donation Amount:

_____ \$25 _____ \$50 _____ \$100 _____ Other \$ _____

Donation Duration:

_____ One time donation of _____

_____ For One Year _____ For Three Years

_____ Until Notified of Termination _____ Other _____

Food Pantry Tax Credit:

_____ Yes, I am interested in receiving documentation to claim the Missouri Food Pantry Tax Credit

_____ No, I am NOT interested in receiving documentation to claim the Missouri Food Pantry Tax Credit

Signature

Date

Please return this form and a void check to:

SERVE, Inc.
4901 County Rd. 304
Fulton, MO 65251