



Please mail this form and your check to:

Arkansas Foodbank
4301 W. 65th Street
Little Rock, AR 72209

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to the Arkansas Foodbank.

My name: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the card to be signed? _____
(name or names)

Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.

Your contribution is tax-deductible. To reduce administrative costs, you will receive a gift receipt within 30 days of your donation. If you would like a year-end tax receipt, it must be requested by phone at 501-569-4346.