



We Need Your Help!  
capitalregionfoodprogram.org

## Your Financial Support Is Critical to Our Success!

From the beginning, every dollar raised has been used for the purchase of food. This practice continues today with monies donated to the Capital Region Food Program (CRFP) used solely for the purchase of food. Your support is vital to the success of this program. All gifts are tax-deductible within limits prescribed by law.

Enclosed is my gift \$\_\_\_\_\_ to help eliminate hunger in the Greater Concord Area, **OR you may make a donation online at capitalregionfoodprogram.org.**

\_\_\_\_ I wish to be listed as a CRFP supporter

Please provide your updated information below for proper IRS reporting.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Credit Card Information

Credit \_\_\_\_\_

Card #: \_\_\_\_\_ Card Type \_\_\_\_\_

(Must include)

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

***My gift may be eligible for employer match. Please contact the individual below:***

Employer \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Complete and attach this form to your check. Send to**

Capital Region Food Program, c/o Gregory Smith, Esq, McLane Middleton  
11 South Main Street, Suite 500, Concord, NH 03301



*Gift Notice*  
capitalregionfoodprogram.org



## Happy Holidays!

\_\_\_\_\_  
*Name of Beneficiary*

\_\_\_\_\_  
*Name of Contributor*

**is giving a gift of**

\$\_\_\_\_\_  
*Contribution Amount*

**to the Capital Region Food Program in your honor.**

For more than 49 years, every dollar donated to the Capital Region Food Program (CRFP) is used solely for the purchase of food. This gift contribution will help feed hungry families.

**Complete this side and send directly to your gift recipient.**

**Thank you for your support!**

