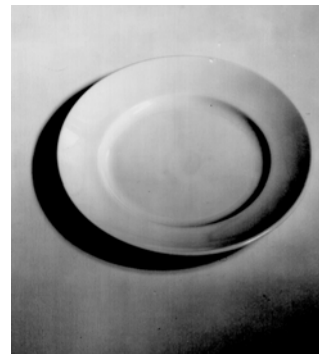


Please help The FoodBank fight hunger throughout the year...

Fighting hunger is so much more than providing a family with a meal during the holiday season.

It is an ongoing struggle. To make a real difference, we need to help, with reliable resources, all year. That's why we created the **FoodBank Monthly Giving Program**. As a monthly donor, you can give regular support to those in need by having a fixed sum transferred from your checking or savings account to The FoodBank each month. Monthly gifts let us know in advance how much support we have, so we can budget our resources and plan ahead. And quite honestly, because we don't have to print cards for special appeals, or later open envelopes and record gifts, it helps *to keep our administrative costs low*.



You can stop the automatic transfers at any time, as well as increase or decrease your pledge. Just write the FoodBank and we will arrange for whatever change you would like to make. Besides your monthly checking account statement showing the date and amount of the transfer to The FoodBank, we will send you a year-end statement listing your contributions for the year.

To enroll as a member of the **FoodBank Monthly Giving Program**, simply complete and return the form below.

Enrollment Form - FoodBank Monthly Giving Program

Yes, I want to do more to help fight hunger by making a monthly gift of:
 \$10 \$20 \$30 \$50 \$100 Other \$ _____

NAME: _____

ADDRESS: _____ Your donation will be acknowledged annually.

City: _____ State _____ Zip _____ Tel: _____

For credit card transfers:

I authorize the FoodBank of Monmouth & Ocean Counties to make an automatic monthly transfer of the amount above from my credit card account by

Visa MasterCard AmEx

Card # _____ Exp. Date _____

Signature: _____ Date: _____

OR for checking account transfers:

I authorize The FoodBank of Monmouth & Ocean Counties (OceanFirst Bank) to make an automatic monthly transfer of the amount above from my checking account. Enclosed is

a check for my first monthly contribution, OR
 a voided check

Signature: _____ Date _____

Transfers will occur on (choose one): the 1st OR 15th of each month, starting (month) _____

If the date falls on a holiday or weekend, the transfer will be made on the next business day.

This authorization will remain in effect until I notify the FoodBank of Monmouth & Ocean Counties in writing that I wish to change my contributions.

Donations are tax-deductible to the full extent of the law. Please mail this coupon to:
The FoodBank of Monmouth and Ocean Counties, 3300 Route 66, Neptune NJ 07753

Please keep a photocopy of this application as a record of your commitment.

We will also send you a confirmation of your monthly giving program.
Please contact Barbara with questions at (732) 918-2600 Ext. 243. Thank you!