



Community
F O O D
B A N K

Yes, I would love to attend. Enclosed is \$ _____ for myself and _____ guests.

I want to help fill the bowl but, I will not be able to attend. I have enclosed \$ _____.

Name: _____

Address: _____

(City, State, Zip)

Phone: _____ Email: _____
(Daytime)

Payment Method: Check Enclosed _____

Credit Card _____
(Card Number) (Exp. Date)

Visa _____ Master Card _____ Discover _____ American Express _____

(Signature)

Please Return Form and Payment to Community Food Bank at:

3403 E. Central Ave. Fresno, CA 93725 ~ Office 559-237-3663 ~ Fax 559-237-2527