



Mail to:
Feeding South Dakota
4701 N Westport Ave
Sioux Falls, SD 57107

Donation Form

Donor Information

Name: _____
Address: _____
Address 2: _____
City, State, Zip: _____
Email: _____

Donation Information

\$150 to provide 750 meals Visa Discover
 \$100 to provide 500 meals MasterCard Check/Cash Enclosed
 \$50 to provide 250 meals Name on Card _____
 \$25 to provide 125 meals Card Number _____
 \$_____ to help as much as possible Security Code _____
Exp. Date _____

Yes! I want to become a **Hero for the Hungry** by enrolling in the monthly giving program!
The amount specified will be deducted from your checking account or billed to your credit card.
 \$_____ monthly, billed on the 1st of the month 15th of the month

 I would like my gift to remain anonymous

Please complete the below information if your donation is made in memory of or in honor of a loved one. Feeding South Dakota will notify your loved one or their family of this gift.

In honor of In memory of

Occasion: _____
Honoree/Tribute Name: _____
Please send an acknowledgement to:
Name: _____
Address: _____
City, State, Zip: _____

Program Designation ****All donations are designated regionally, based on donor zip code**
 Help Where Needed Most Food Bank Program
 Food Pantry Program Backpack Program
Sioux Falls and Rapid City only *Sioux Falls and Rapid City only*
 Mobile Food Pantry Program
Pierre and Rapid City only