



# POUNDS\$ FOR DOLLARS\$

For every \$1 donated, your school will be credited with 1 lb. of food.

**Please print and mail this form with your donation to the food bank serving your area:**

**Community FoodBank of New Jersey**  
31 Evans Terminal  
Hillside, NJ 07205

**Food Bank of Monmouth & Ocean**  
3300 Route 66  
Neptune, NJ 07753

**Food Bank of South Jersey**  
1501 Industrial Hwy  
Pennsauken, NJ 08110

**Mercer Street Friends Food Bank**  
824 Silvia Street  
Ewing, NJ 08628

**Norwescap Food Bank**  
201 North Broad St  
Phillipsburg, NJ 08865

Not sure which foodbank services your area? See our interactive map at [www.studentschangehunger.org](http://www.studentschangehunger.org).

## Gift Information

I/we would like to support Students Change Hunger with a gift of :

\$10    \$20    \$25    \$35    \$50   .  Other \$ \_\_\_\_\_

A check is enclosed, made payable to my/our area foodbank (*select form list above*)

Please bill my:

MasterCard

Visa

American Express

Card# : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(please print)* *(required)*

## Donor Information

This gift represents:

Group Collection of Funds

Personal Donation

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*(Confidential - not shared with any third parties)*

## School Information

Please credit the following school with this POUNDS\$ FOR DOLLARS\$ gift:

School Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

**Thank You for Your Support!**