

Enclosed is my gift \$__

We Need Your Help!

www.capitalregionfoodprogram.org

_____ to help eliminate hunger in the

Your Financial Support Is Critical To Our Success!

From the beginning, every dollar donated 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.

Greater Conc	ord Area.
	I wish to be listed as a CRFP supporter
Please provid	e your updated information below for proper IRS reporting.
Name	
Address	
City:	State: Zip:
Email:	Phone:
My gift ma	ny be eligible for employer match. Please contact the individual below:
Employer	Contact
Address	
Email:	Phone:

Complete and attach this side of the form to your check. Send to:

Capital Region Food Program, c/o M. Susan Leahy McLane, Graf, Raulerson & Middleton 11 South Main Street, Suite 500 Concord, NH 03301



Gift Notice

www.capitalregionfoodprogram.org

In Memory

Contributor Name	
is giving a gift of	
\$Contribution Amount	
to the Capital Region Food Program in memory of	
Beneficiary's Name	

For more than 38 years, every dollar donated to the Capital Region Food Program (CRFP) is used solely for the purchase of food. This gift contribution will help feel hungry families.

Complete this side and send directly to your gift recipient.

Thank you for your support!