



Pantries United

I would like to contribute financially to Pantries United.

Name: _____

Address: _____

City: _____

Phone #: _____

Email: _____

Account \$ _____

Check #: _____

If you would like to break your contribution into quarterly payments:

I pledge \$_____ to be paid quarterly.

My first payment is enclosed. Please bill me in three months.

Please complete this form and mail to:

Pantries United
415 South 3rd Street
Clinton, Iowa 52732