

KCRA 3 / KQCA58 presents
The 16th Annual

**RUN to FEED
THE HUNGRY**



benefiting
Sacramento Food Bank & Family Services

Donation Card

Thank you for your support in helping me reach my fundraising goal of \$ _____
for this worthy cause. Please return your donation to me or mail in directly. *Tax ID #94-3315566*

**Donation
Deadline:
Dec. 15**

Participant's name _____
to be completed by participant

Bib # _____ Team # (if applicable) _____

Donor's name _____

e-mail* _____

Donation amount \$ _____ Check (# _____) Cash Credit card: Visa, MasterCard, AmEx (_____) (circle one)

*We will need your e-mail address in order to send you a receipt with important charitable donation information,
or please call 916 456-1980 to request a donation receipt

Make checks payable to:

Sacramento Food Bank & Family Services
or SFBFS

Mail to: Run to Feed the Hungry
P.O. Box 19939
Sacramento, CA 95819

Credit card number: _____

Name as it appears on card: _____

Signature _____ Exp. date: _____

Your statement will read SacFoodBank/Run

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