



I want to help the Golden Corner Food Pantry provide nutritional food and life changing help for needy families in Oconee County, SC.

Note: \$120 provides supplemental food for a senior household for a year. \$180 provides supplemental food for a "family" household for a year.

Enclosed is my gift of:

- \$25 \$50 \$100
 \$250 \$500 Other amount \$ _____

Donor's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Payment method:

- Check enclosed made payable to **Golden Corner Food Pantry**
 MasterCard Visa American Express

Card #: _____

Exp. Date: _____ CVC Security Code*: _____ Billing zip code: _____

Telephone number: _____ Email: _____

*CVC Security Code is a 3-digit code on the back of a Visa or MasterCard/4-digit code on the front of an AMEX card.

This donation is a gift. It is made:

In honor of _____ (please print)

In memory of _____ (please print)

Send an acknowledgement letter to:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Golden Corner Food Pantry PO Box 456 Seneca, SC 29679