



**NUTRITION &
FOODSERVICE
EDUCATION
FOUNDATION.**

The philanthropic arm of

Association of Nutrition & Foodservice Professionals **ANFP**

RECURRING DONATION AUTHORIZATION FORM

Make a difference.

Donate to the Nutrition & Foodservice Education Foundation.

Name: _____

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I authorize ANFP, on behalf of NFEF, to initiate debit entries (and credit entries if necessary) to my Credit Card, as indicated below. I understand that I am in full control of my payment and that this authorization will remain in full force until I provide 30 days written notification to ANFP in the event that I wish to make a change or to terminate this authorization. The initial debit for my credit card donation will be processed immediately after I submit my signed authorization form. Credit Cards will be processed on the 1st day of each month. If this dates falls on a weekend or holiday, they will be processed on the next business day.

What is the amount you would like to donate each month?

\$50 \$10

\$25 Other Other Amount: _____ (list amount here)

I want my donation to be directed to the General fund for grants, research and education

I want my donation to be directed to the CDM Student Success Grant & Scholarship program

Donation Payment Method

Credit Card Information			
Please check one:	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
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Billing Address of this Credit Card _____			
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**Please complete this form and send to:
Nutrition & Foodservice Education Foundation**

406 Surrey Woods Drive | St. Charles, IL 60174

Phone 800.323.1908 | Fax 630.587.6308 | www.NFEFoundation.org