



**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: _____

Address: _____

City _____

State _____

Zip _____

Phone: (_____) _____

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

or

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

Donation Payment Method

Enclosed is my check, payable to Nutrition & Foodservice Education Foundation (NFEF)

Please check one: Visa Discover MasterCard American Express

Please charge my card in the amount of \$ _____

Name on card _____

Credit Card # _____

CVV# _____

Exp. Date _____

/

/

Billing Address of this Credit Card _____

City _____

State _____

Zip _____

Signature _____

Date _____

**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