



NAP Tax Credits 2010/2011 Donor Gift Form

My Contribution

- I/We wish to make a gift of \$ _____ payable to Ozarks Food Harvest (check enclosed).
- Please charge this gift of \$ _____ to my/our credit card (authorized signature below).
- MasterCard Visa Discover

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Personal Information

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____ Other: _____

E-mail address: _____

Signature(s)

Signature: _____ Date: _____

Signature: _____ Date: _____

Ozarks Food Harvest is a registered 501 (c)(3) non-profit corporation and all gifts are tax-deductible.