



Family Food Program Sponsorship Form

Name (s)	
Address	
City, State, Zip Code	
Phone	
Email	
Family Food Sponsorship	---Monthly (\$25.00) ---Annually (\$300.00)
What length of time are you willing to commit to providing food sponsorship?	
Contribution Method (choose one)	<p>---PayPal https://annpreparelavni.org/donate/</p> <p>---Direct deposit to APL CitiBank Savings Account Account 27-10-42-5-82 Routing 3211-711-84</p> <p>---Check Ann Prepare Lavni PO BOX 352, Corvallis OR 97339</p>
OFFICE USE ONLY	<p>Date: _____</p> <p>Family's Name: _____</p> <p>Application #: _____</p>

