



Adopt-a-Program (AAP) Donation Form

I would like to support the Regional Food Bank and its member agencies by making a donation to AAP.

Donor Information

Donor Name

Donor Street Address

Donor City, State, Zip

Recipient Information

Please use my money for the agency(ies) identified below:

#1736F Stillwater Food Pantry

Agency Name and ID Number (if known)

Gift Acknowledgement Preference

Please inform the agency of my gift and the amount.

Gifts of \$500 and above are listed in the Food Bank's Annual Report, unless anonymity is requested.

Please call
518-786-3691
if you prefer to
charge your donation
to a credit card.

Please indicate AAP on checks made payable to:
Regional Food Bank of Northeastern New York
965 Albany Shaker Road
Latham, NY 12110
Tel: 518-786-3691 ~ Fax: 518-786-3004
www.regionalfoodbank.net

Thank You