



Donor Form

Please complete this form and send it with the donation receipt to unete@trashforfood.com

How often do you wish to donate?

Once Monthly Trimestral Biannual Yearly

Date:

Reason of donation

Name:

Address:

 STREET ADDRESS STREET ADDRESS 2 ZIP CODE CITY STATE

Contact:

 LANDLINE MOBILE E-MAIL

For more information contact 8181-880560 con Nathali Rios.

Billing Information

WIRE TRANSFER

Account number: **0254838055** Bank: **Banorte**
CLABE: 072580002548380550
Name of organization Trash For Food A.C.

DEPOSIT

For a deposit either by check or cash, Account Number: **0254838055**
Bank: **Banorte**
Name of organization Trash For Food, A.C.

AUTOMATIC ACCOUNT WITHDRAWAL

Card Number:

Expiration Date

Bank Name:

Account holder name:

Preffered withdrawal date:

Amount in number:

If your donation is through American Express please provide the four security digits that are in the upper right corner on the front of the card.

Written Amount(eg. dos mil):

Through this document I authorize the Trash For Food, AC Association, to charge the aforementioned card, for the amount indicated above and in accordance with the instructions indicated, as long as I have available balance until I notify in writing the modification or Cancellation of this agreement.

Signature

If a tax deductible bill is needed please fill in the following fields and select the periodicity with which you need the bill to be sent.

- Monthly
- Trimestral
- Biannual
- Yearly

Information for tax-deductible bill

Business Name:

Address:

RFC: Phone:

Email: Name:

(Trash Food use only for more information read our privacy notice)



