

In support of the work of the Food Pantry, enclosed is my check payable to the Larchmont Mamaroneck Hunger Task Force in the amount of:

\$25 \$50 \$100 \$250 \$500 Other \$ _____

Name: _____

Address: _____

Email Address: _____ Phone: _____

(We will not share your email address)

Please check this box if you would like us to contact you regarding volunteer opportunities

Larchmont Mamaroneck Hunger Task Force

P.O. Box 112, Larchmont, NY 10538

All donations are tax-deductible

If you would like to dedicate your donation in memory or in honor of someone, please provide the following information:

In the memory of _____

In honor of _____

Please send a notification to:

Name: _____

Address: _____