

FUNDS AND FOOD DRIVE FORM



This drive will collect: Funds Food Both

----- Please complete information below -----

Today's date: _____

Organization/Business/Individual Name:

Name of funds & food drive: _____

Date(s) of funds & food drive: _____

Contact Person: _____

Phone: _____ Email: _____

Physical Address: _____

Name/Address to send thank you: _____

Please indicate quantity of each item you need:

_____ Funds Donation Cans _____ Boxes* _____ Posters (Funds vs Food, Exp. Date)

Drop-off Date (if needed)** _____

*There is a minimum of 10 boxes required for delivery

Do you need Funds & Food picked up? ** Yes _____ No _____

Pick-up Date (if needed)** _____

**Drop-offs and pick-ups are scheduled Monday – Friday between 8 am- 12 noon

----- For Foodbank Use Only -----

_____ TY _____ Phone Call _____ Facebook Post

Notes:

Results:

Date received: