

**FOOD DRIVE FORM**

Full Name of Contact:

Are you organizing on behalf of business or organization?  YES  NO

If YES, what is the full name of the business or organization?

Address:

City, State, Zip Code:

Phone Number:

Email:

What date does the drive start?

What date does it end?

Do you need donation boxes?  YES  NO                      How Many?

Will you pick up the boxes or need them delivered?  PICK UP  DELIVER

What date do you need the boxes?

Signature of staff dropping off the boxes:

Date:

Do you need the food donations picked up when the food drive ends?  YES  NO

What are your top three dates and time ranges that the food will be available for pickup? (if pickup is needed)

- 1.
- 2.
- 3.

Signature of staff collecting boxes/food:

Date:

Total Pounds Collected:

Weighed By: