

FOOD & FUNDRAISER FORM

Name of Company or Group _____
Contact Person _____
Phone Number _____
Address _____
Email _____
Start Date _____
End Date _____
Pick Up Date _____

Goal

Pounds _____
Funds _____
Meals (Every \$1 = 6 Meals) _____
Number of food collection barrels needed _____
Barrel drop off location _____

We would be interested in scheduling a volunteer day at the Food Bank YES / NO
We would like to have a press release written about our event YES / NO
We would like to use the Food Bank logo for promotional purposes YES / NO

Fax form to 269-966-4147 or
Email form to info@foodbankofscm.org.
For questions, please call 269-964-3663.

together
we can
keep them
smiling.

