



## Food Drive Participation Form

Name of Event: \_\_\_\_\_

Hosting Organization Name: \_\_\_\_\_

Address (physical): \_\_\_\_\_ Mailing: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of event: From \_\_\_\_\_ to \_\_\_\_\_ Time(s): \_\_\_\_\_

### Delivery

Will you use your own Barrels? Y N IF not, how many containers would you like? \_\_\_\_\_

Will you be picking up the containers? Y N

If not, when would you like them delivered? (please include date/time) \_\_\_\_\_

### Pickup/Return

Will you be delivering the food after the food drive? Y N

If not, when would you like it to be picked up? (please include date/time) \_\_\_\_\_

### Advertisement

Will you need tent signs? Y N If yes, how many? \_\_\_\_\_

What would you like on them? \_\_\_\_\_

Will you be sending a Public Service Announcement? Y N If no, would you like us to? Y N

If Yes, do you have special instruction, information or requests you would like included?

(please list) \_\_\_\_\_

Would you like a Tour of the facility? Y N Date /Time Requested: \_\_\_\_\_

**For additional information, call**

**Greg Meyer, Executive Director at 262-3111 or Randi Smith, Donor Development Specialist at 741-2166**

Return Form to: Kenai Peninsula Food Bank 33955 Community College Dr, Soldotna

email: randi@kpfoodbank.org Fax: 262-6428