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

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