



FOOD DRIVE REGISTRATION FORM

Today's date: _____

Food drive start date: _____ Food drive end date: _____

Name of Organization Hosting Drive: _____

Type of Organization (check one):

School Company Place of Worship Civic Association Other: _____

Address where food will be collected: _____

City, State: _____ County: _____ Zip: _____

Contact person: _____

Contact phone: (office) _____ (mobile) _____

Contact email: _____

Hours for delivery: _____ Special delivery instructions: _____

Will you be using our collection bins? Yes No If yes, number of bins needed: _____

Please note: bins may not always be available, as we have a limited number. They will be given out on a first-come, first-served basis.

Will you be dropping off food or requesting a pickup? Drop-off Pickup

Please note: due to our limited resources, it may take up to 2 weeks after your drive is over to pick up the food, particularly during the holiday season. If you are able, we would appreciate if you would drop off the food, as this saves money and resources.

Would you like us to email you support materials: step-by-step instruction guide, 8 ½ x 14" poster, most needed items list?

Yes No

PLEASE RETURN COMPLETED FORM TO:

Kristin DeJesus, Programs Associate

856-662-4884 ext. 131

kdejesus@foodbanksj.org

