

| FOR INTERNAL USE ONLY |  |
|-----------------------|--|
| Total Poundage:       |  |
| Data Canadata d       |  |
| Date Completed:       |  |

## **FOOD DRIVE INFORMATION FORM**

| Date:   |  |
|---|--|
| Organization:   |  |
| Address:  |  |
| Contact Name:   | Phone:   |
| 3   |  |
| Event Location:   |  |
| Event Dates:  | to   |
| What geographic area will be participating?   |  |
| Will the Food Bank supply the barrel(s)?  | If yes, how many?  |
| Will you be using any of the following media or s<br>NewspaperRadio   |  |
|   | BA Staff Use   |
|   |  |
| Address:  |  |
| Date for Drop off:Pre   | eferred time:  |
| benefit Food Bank of the Albemarle. With y<br>in northeast North Carolina. Due to fuel co<br>eligible for FBA pick up. If you have any que<br>Announcement (PSA) to the press, plea | ation, and commitment to holding a food drive to your help, we can continue our fight against hunger ost any Food Drive Donation under 100 lbs. are not estions, or if you are planning to submit a Public Service see contact Brian Gray at brgray@afoodbank.org by Food Bank staff prior to submission to the press. |
| pproved By:   | Date:  |
|   |  |

Please submit this form to Brian Gray at: brgray@afoodbank.org