FOOD DRIVE ENROLLMENT FORM

Creating a community where no one has to go hungry.  www.arkansasfoodbank.org

This form is used by the Food Bank to collect the information we need to help you run a successful food drive. If you have any questions or need help enrolling, please email emcfadden@arkansasfoodbank.org.

E-mail or fax (501-565-0180) your completed form. You will receive a confirmation by email. Thank you!

Organization Information

Organization Name: __________________________________________________________________________

Main Address: __________________________________________________________________________

Organization Type: select box (click or mark with an “X”)

☐ School
☐ Corporation under 250 employees
☐ Corporation over 250 employees
☐ Congregation
☐ Government
☐ Community
☐ Friends and Family

Estimated number of participants: __________

Food Drive

We would like to visit.

Location: ___________________________ Start date: ____________

End date: ____________

Drive Coordinator Contact Information

The Food & Fund Drive Coordinator is the primary contact for your drive.

Coordinator Name: ___________________________________________ Position: ___________________________________________

Coordinator Phone: (Work)________________________ (Cell) __________________________

Coordinator E-Mail: __________________________

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