

Food Drive/Donation Registration Form

Thank you for coordinating a Food Drive to benefit the Food Bank of the Hudson Valley. Please complete the following form and return it to Carol Griffin by email, fax or when your food drive items are delivered to the Food Bank. *Thank you!*

Contact Person: _____

Organization: _____

Address: _____

Phone #: _____ Email: _____

Date(s) of Food Drive: _____

Location(s) of Drive: _____

I will DROP OFF food at the Food Bank after the food drive

Drop-off date: _____

I'd like the Food Bank to pick up the food after the food drive (available only for collections of 500 pounds or more)

Pick-up date: _____

Pick-up driving directions:

Food Bank of the Hudson Valley
Attn. Carol Griffin
195 Hudson St. (Payson Road entrance for drop off)
Cornwall-on-Hudson, NY 12520
Phone (845) 534-5344, x112
Fax (845) 534-5256
cgriffin@foodbankofhudsonvalley.org

FOR OFFICE USE ONLY
Donation Date: _____
Weight: _____ lbs.
Monetary donation: \$ _____