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: $__________