



This form is used by Hosea Feed the Hungry and Homeless to collect the information we need to help you run a successful food drive. If you have any questions or need help enrolling, please contact Miriam Ledesma at 404-755-3353. Fax completed form to 404-755-0978. You will receive a confirmation by email upon entry of your order. **Please allow three business days for order entry.**

Organization Information

Organization Name: _____

Organization Type: Corporation under 250 employees Corporation over 250 employees
(Check One)

School Congregation Government Community Friends & Family

Is your company 501©3 certified? Y N Estimated Number of Participants:

Main Address: _____

City: _____ State: _____ Zip: _____

Please enter your barrel goals below:

List Barrel Goal Items Below: (Note: You may only choose One item per site location.)

# Of Barrels.	Barrel Description	X
	Green Canned Vegetables	
	#10 Can Green Beans	
	#10 Can Corn	
	#10 Can Yams	
	Cranberry Sauce, Canned Gravy, Stuffing Mix, Corn Meal, etc.	

*Please note that you may have several barrels of one item, but one item per location.

*Cans are not limited to #10 cans, but preferred due to the amount of cans need for meals.

*Please keep a copy of this form for your records in order to make ensure that you meet your goals and that you receive the amount of barrels requested.



Food & Fund Drive Coordinator Contact

The Food & Fund Drive Coordinator is the primary contact for your Drive. This person will receive and campaign updates via email.

Coordinator Title (Mr., Mrs., Ms., etc.): _____

Coordinator Name: _____ Position: _____

Coordinator Phone: _____ Fax: _____

Coordinator E-Mail: _____

Check here if the coordinator's address is the same as the organization's:

Address: _____

City: _____ State: _____ Zip: _____

Location Information

If you have multiple locations, please copy this form and fill in for each additional location.

A location is defined by Hosea Feed the Hungry and Homeless as the place where you would like materials delivered. You may have multiple locations for each enrollment – for example, multiple buildings or sites. We will need the location, on-site contact and delivery information for each location.

Address (if different from primary): _____

City: _____ State: _____ Zip: _____

Hours of operation: _____ **Nearest Cross Street:** _____

Food Drive On-Site Coordinator Information

This is the person the driver can contact for delivery or pickup issues at this location.

Check here if the On-Site Coordinator is the same as the Food Drive Coordinator

On-Site Coordinator Title (Mr., Mrs., Ms., etc.): _____

Address: _____

City: _____ State: _____ Zip: _____

On-Site Coordinator Phone: _____

On-Site Coordinator E-Mail: _____

