



'til no one is hungry

FOOD DRIVE APPLICATION

Scheduled Dates of Food Drive: _____

Number of Collection Containers Needed: _____ or () Check if using your own Containers

Delivery Date for Collection Containers: _____

Container Pick Up Date: _____ or Will you Deliver Items to the Food Bank? _____

Name of Sponsoring Group: _____

Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Food Drive Address: _____

Special Instructions: _____

Thank you for your interest in supporting the Georgia Mountain Food Bank by holding a Food Drive!

1642 Calvary Industrial Drive, SW, Gainesville, GA 30507

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www.gamountainfoodbank.org