



EMPTY BOWL LUNCH SILENT AUCTION DONATION FORM

CONTACT NAME _____

COMPANY (if applicable) _____

ADDRESS _____

CITY / ZIP _____

PHONE _____ EMAIL _____

ACKNOWLEDGEMENT: Donor / Company Name to appear in Empty Bowl Lunch program:

DESCRIPTION OF ITEM OR SERVICE (Please be specific as it will help sell your donation. Please feel free to attach any promotional material; we will gladly display it at the luncheon).

ESTIMATED VALUE: _____ AUTHORIZED SIGNATURE: _____

PLEASE CHECK DELIEVERY METHOD:

_____ DONOR WILL DELIVER NON-PERISHABLE ITEMS TO GEORGIA MOUNTAIN FOOD BANK BY 3 PM, FRIDAY, SEPT. 8.

_____ Please arrange for pick up

_____ Gift enclosed

_____ Other (please specify) _____

■ Please return form to:

**Georgia Mountain Food Bank
P.O. Box 233
Gainesville, GA 30503**

▪ Or email to:

Colton@gamountainfoodbank.org

GMFB OFFICE USE ONLY

Donation received by: _____

Date: _____

Notes: