



EMPTY BOWL LUNCH RAFFLE 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 4.**

_____ 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@gmfb.org

GMFB OFFICE USE ONLY

Donation received by: _____

Date: _____

Notes:

Georgia Mountain Food Bank is a 501(c) nonprofit organization. Federal Tax ID# 26-2787610. No goods or services were received in consideration of this gift.

IF YOU HAVE QUESTIONS OR COMMENTS, PLEASE CONTACT GMFB BUSINESS MANAGER, COLTON DONINO @ 770 534-4111