



Fax: 704-342-1601
or E-mail to lgaddy@secondharvest.org
Attn: Lea Gaddy

Second Harvest Food Bank of Metrolina Food & Fund Drive Registration Form

Please consider assisting the Food Bank in lowering our transportation costs by making arrangements for your organization to pick-up supplies and delivering the food collected if at all possible.

Start Date of Your Food Drive: _____ End Date: _____

Company / Organization / School: _____

Primary Contact / Coordinator Name: _____ Phone: _____

E-mail Address: _____ Cell: _____

Backup Contact Name: _____ Phone: _____

Mailing Address: _____

City / State / Zip _____

I Want To: _____ Host a Fund Drive Only _____ Host a Food Drive Only _____ Host a Food & Fund Drive

For Physical Food Drive Only: (Please contact Lea Gaddy if your drive has several locations)

_____ I can PICKUP My Supplies (Mon.-Fri., 7:15am-4:15pm) _____ I can drop off the completed Drive

_____ I need your team's help with pickup and/or delivery

Delivery/Pickup Address: _____

City / State / Zip: _____

Delivery Address Hours of Operation: _____

Specific Directions for Delivery of Barrels / Supplies: _____

_____ Number of Food Drive Barrels

_____ Number of Food Drive Posters

_____ Number of Grocery Bags

Please note that we will try to meet your requested delivery and pick-up date requests, however due to the high volume of requests, we cannot guarantee them.

Best of luck on your food drive and remember.....Together We **CAN** End Hunger.