



Food and Fund Drive Registration Form

Thank you for your interest in organizing a Food and Fund Drive to benefit the Hawaii Foodbank. Please complete and return this form BEFORE starting your drive.

TODAY'S DATE: _____

DATE(S) OF DRIVE *Month/Day/Year* Start Date: _____ End Date: _____

TYPE OF DRIVE:

Food Drive _____ Fund Drive _____ Food & Fund Drive _____

CONTACT INFORMATION

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Business Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Description of Food or Fund Drive:

SUPPLIES / RESOURCES (Upon Availability)

Food Drive Banner: Quantity _____

Items that can be sent digitally: Flyers _____ Logo _____ Donation Receipts _____

Request for a Hawaii Foodbank representative to speak at your organization: Yes _____ No _____

If yes, when? Date: _____ Time: _____ Location: _____

DELIVERY

Location of Food Drive: _____

What date will you deliver your donations to the Hawaii Foodbank? _____

By coordinating a delivery of your donations to the Hawaii Foodbank, you are helping us to save on transportation and labor costs. However, if you have more boxes than you can accommodate in your vehicle, **please call our dispatch directly at 836-1972 to schedule a pickup of your donations.**

Donations will be scheduled for pick-up on Tuesdays and Thursdays.

Complete and send this form to Hawaii Foodbank via:

E-mail: fooddrive@hawaiifoodbank.org or Fax: 836-2272 Questions? Call 954-7867

OFFICE USE ONLY

R/E Record #: _____ Pounds: _____ Dollars: _____ TY Mailed: _____ (date)