



Emergency Foodshelf Network Food and Cash Drive Request Application

We require at least three days for processing your request to deliver collection containers. Mail completed form to Reg Nelson, or e-mail at rnelson@emergencyfoodshelf.org as an attachment. If you have any questions, call 763/450-3863. You can also download additional food drive posters, fact sheets, and other additional information at www.emergencyfoodshelf.org.

Sponsoring Organization: _____

Food Drive Organizer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **E-mail address:** _____

Alternate Contact: _____ **Phone:** (____) _____

Food and Cash Drive Information

DATES OF DRIVE: Beginning ___/___/___ **& Ending** ___/___/___

Drive Details: (Cash, Food, Hygiene, Ethnic, etc.) _____

Container DELIVERY: Date ___/___/___ **A.M., P.M., Either** Comment: _____

Container PICK-UP: Date ___/___/___ **A.M., P.M., Either** Comment: _____
(Deliveries 10 a.m. - 4 p.m. – Exact delivery times cannot be promised)

Deliver Containers to (if different from address above): _____

On-site Contact Person & Phone #: _____ (____) _____

of Collection Barrels Needed (a barrel is 3 ft. x 2 ft. & holds approx. 150 lbs. – 10 to 15 bags): * _____

**Minimum of 2 barrels = 300 lbs. of food collected for delivery & pick-up*

of Pallet-Sized Totes Needed (a tote will hold roughly 50 grocery bags): _____

Delivery Instructions and Other Information: (Clearance of loading dock, security guard to contact, delivery considerations, etc.) _____

(Office Use Only)

Food Drive Packet: Yes / No

Company Match Available? Yes / No

Speaker Needed? Yes / No _____

Donation Box Needed? Yes / No

Will be sending pictures? Yes / No

Date Scheduled with Transportation: ___/___/___

Copies to: _____ Transportation _____ Driver _____ Development _____ Administration

Pounds: _____

Dollars: \$ _____

Date of Thank You _____