Food Drive/Fundraising Registration Form

Please complete this form in full to help us update our records. Email it to comm@woodbuffalofoodbank.com or fax it to 780-743-9156



Organization:			_
Name of Contact Person:			
Address:			
City:	Postal Code:		
Phone Number:	Fax Number:		
E-mail:			
DRIVE / EVENT INFORMATION:			
Start Date: End Date: _			
Number of Employees / Members / Students	ē		
What are you collecting? ☐ Food	□ Funds	□ Both	
What is the name of your fundraising event?			
Event Description:			
Do you require additional supplies from us?		□ Yes	□ No
If yes please list here:			
Do you require locking cash can?		□ Yes	□ No
DO you require printed Tax receipt information forms?		□ Yes	□ No
Will you be dropping off the donations?		□ Yes	□ No (see below)
Would you like us to send a press release out about your event?		□ Yes	□ No
If you require a pick up, what is your preferre	ed pick up date?		
Please provide pick up location:			
(Please have someone available to assist with pickup	<i>(</i>)		
Can we use your company/business logo for (if yes please email logo to comm@woodbuf	_		e your event? ′es □ No