



Unregistered Food Drive Information Form

Drop-Off Date: _____
MM/DD/YYYY

Corporate Community Individual

Contact Person: _____

Organization(if applicable): _____

Phone Number: _____

Email: _____

Full Mailing Address: _____
Street

City Province Postal Code

Social handles: _____

Other: _____ Pounds _____

*A complete mailing address must be provided in order to receive an acknowledgement letter.

** If a tax receipt is requested, please provide a copy of the receipt for purchased food (with this form).

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