

ANNE ARUNDEL COUNTY Food drive FOOD BANK DROP OFF FORM

of funds

Drop off date	Dro	p of	f date	e:
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Did you register your food di YES NO (In the future, please register	NOT SURE	
Contact name:		
Contact email:		
Contact phone number:		
Is this a community/workpla	ce/organization food d	rive?
If yes, name of community/work	olace/organization:	
Total # of hours volunteered	by you and your food c	Irive team:
	know the weight	to contact you and let you ght of your donation? NO you for onation!
	OFFICE	USE ONLY
	Donation weight	Additional donation