

Edmonton Food Bank - SPECIAL EVENTS

Donation Recognition Form - Revised June 6, 2016



Pickup

Delivery

Name of Company or Donor: _____

Pickup/Delivery Address: _____

Mailing Address (if different from above): _____

City/Province: Edmonton, AB Postal Code: _____

Contact: _____ Phone #: _____

Delivery Date: _____ Time: _____

Pickup Date: _____ Time: _____

REQUEST TAKEN BY: _____ **DRIVER:** _____

DRIVER INSTRUCTIONS: _____

Donor Drop Off at Main Food Bank

DROP OFF DATE: _____ **DONATION RECEIVED BY:** _____

Name of Donor or Company: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Contact: _____ Phone #: _____

OFFICE USE ONLY

FOOD DONATION RECEIVED: _____ KGS (NOTE: Official Tax Receipts not issued for food donations)

MONETARY DONATION RECEIVED: \$ _____ OFFICIAL TAX RECEIPT REQUIRED: Yes _____ No _____

THANK YOU LETTER REQUIRED: Yes _____ No _____ Date the letter was sent: _____

THANK YOU CARD GIVEN AT RECEPTION: Date: _____