

# Treasure Coast Food Bank Gift In-Kind Donation Form

Please fill in with Ball Point Pen

## DONOR INFORMATION

Donor or Company Name (for recognition purposes):		Donor Phone #:	
Donor Contact Person (not listed in catalog):		Donor FAX #:	
Donor Address (include City and Zip):		Donor Email:	
		Donor Website:	
Donor(s) Signature (Required)		Date:	
Solicitor:	Solicitor Phone #:	Solicitor Email:	

## DONATED ITEM INFORMATION

Item Donated:	Value: \$	Expiration Date:
Description: (Please include any restrictions)		
<input type="checkbox"/> Item attached <input type="checkbox"/> Pick up item at:		
<i>Treasure Coast Food Bank reserves the right to create auction packages or save donated items for a future event.</i>		

## FOR OFFICE USE ONLY

Event Name:	Date Received:	Acknowledged:
Received By:	Storage Location:	



**Mission:** Our mission is to alleviate hunger by obtaining and distributing food and other essentials in Indian River, Martin, St. Lucie, and Okeechobee Counties. **stophunger.org**

Treasure Coast Food Bank is a 501(c)(3) not for profit organization.

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White Copy – Donor • Yellow & Pink Copy – Please Return To TCFB