

## Physical Food Drive

Thank you for your interest in conducting a physical Food Drive. Please answer the questions below, so we can get you started ASAP. This form is to indicate amount of barrels needed, address, and other logistic information.

Name of the Organization: \_\_\_\_\_  
*As it should appear in print and online*

Name of Person in Charge of the Drive: \_\_\_\_\_

Contact Info of Person in Charge: \_\_\_\_\_  
*Phone Number* *E-mail Address*

Organization Address: \_\_\_\_\_  
*Donation receipt sent here.* *Address* *City* *State* *Zip Code*

Length of the Drive: \_\_\_\_\_  
*Please provide specific dates, e.g., 10/1 to 11/30/2016*

Open Hours: \_\_\_\_\_  
*As it should appear on the flyers*

Please Check All That Apply: Food Drive  Toy Drive

**Suggested Drop-Off and Pick-Up Dates:** Please choose up to three, one being your number one choice three being your last choice. We do not deliver or pick-up during the weekends. Delivery or pick-up is available between 8am-3pm M-F.

Drop-off Dates:

Pick-up Dates:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Number of barrels needed: \_\_\_\_\_

Addresses, if different from above (*If multiple locations, please leave blank and include an Excel spreadsheet with addresses*):

Drop-off: \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Pick-Up: \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Notes (things such as special event, lunch hours, if drop-off or pick-up is at a residence, if it's a gated community, code to get in parking lot, hours of operation, if it's in a specific building or facility - the room number, if the driver needs to call before arrival, etc. PLEASE BE VERY SPECIFIC!):

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**You can scan and email to [kkvesic@capoc.org](mailto:kkvesic@capoc.org) or contact Kristin Kvesic at 714-897-6670 Ext. 3604 Fax:714-894-5404 or mail to: CAPOC – H4H Food Drive Attn: Kristin Kvesic 11870 Monarch St. Garden Grove, Ca. 92841**