

Harvest Project Food Drive **Registration Form**

Please fax completed form to Harvest Project at 604-987-5813.

| ORGANIZATIONAL INFORMATION | |
|-----------------------------------|--|
| Organization or Group Name | |
| Contact Name | |
| Contact Phone | |
| Cell Phone | |
| E-mail Address | |
| Address | |
| Organization Phone | |

| FOOD DRIVE INFORMATION | |
|-----------------------------------|--|
| Food Drive Start Date | |
| Food Drive End Date | |
| Date/time of Delivery of Donation | |
| OR Pick-up required?* | |
| Suggested pick-up date | |

| THANK YOU INFORMATION: WHO SHOULD WE THANK | |
|---|--|
| Name | |
| Title | |
| Address | |
| City | |
| Province | |
| Postal Code | |

***NOTES**

While Harvest Project is happy to pick-up food, it is difficult to fit all pick-ups into our existing collection schedule. If you are able to drop the food off at Harvest Project it is much appreciated. Our hours of operation are Tuesday through Friday from 10 AM-4 PM and Saturdays from 10AM-2 PM.