

Drive Out Hunger 2016 COMMITMENT FORM

DRIVE OUT HUNGER

NOVEMBER 1ST — 30TH

Name: _____
(Name should be provided as it should appear when recognition is acknowledged.)

This is a ☐ School ☐ Civic Group ☐ Business ☐ 4H Club ☐ Church Group ☐ RV Park ☐ Other

- ☐ Yes, our location will be a Drive Out Hunger Collection Site (complete the info. below).
☐ Yes, our location will be a Drive Out Hunger Collection Site (complete the info. below) and we would like to help a family in need by donating \$ _____ towards the campaign.
☐ No, unfortunately our location will not be a Drive Out Hunger Collection Site.
☐ No, unfortunately our location will not be a Drive Out Hunger Collection Site, but we would like to help a family in need by donating \$ _____ towards the campaign.

Collection Site Coordinator's Name: _____

Mailing Address: _____

Contact's Telephone # _____

Contact's Email Address: _____

The Collection Site Coordinator will be provided 1 Campaign T-Shirt. Provide Shirt Size: _____

Additional shirts are available for purchase for \$10: ☐ Yes ☐ No

Qty/Sizes: ____ XXL ____ XL ____ L ____ M ____ S ____ XS Make checks payable to: Hardee Help Center

Collection Site Physical Location(s):

1. _____

Collection Site Dates: _____ **Collection Site Drop Off Times:** _____

****Businesses overseeing a Collection Site will be provided a collection container with a wrap. ****

Which date is convenient for the container to be delivered between 3pm – 4:30pm?

____ Tue., Oct. 25th ____ Thurs., Oct 27th ____ Other _____

Would you like to borrow a yard sign to show your participation in the campaign? ☐ Yes ☐ No

Would you be delivering your donations at the end of your food drive? ☐ Yes ☐ No

If yes, what date and time? _____

Would you like the donations to be picked up by HHC Staff? ☐ Yes ☐ No

If yes, what date and time? _____

Additional resources are available for printing at: www.hardeehelpcenter.org
RETURN FORM VIA MAIL OR FAX (863-773-0798) OR EMAIL (info@hardeehelpcenter.com)

