



Food Drive Form

Please complete the top portion of this form and email to: development@mcfoodbank.org

Please check one: Business/Company School/University Organization Other

Name of Company/School/Organization/Other: _____

| | | | |
|--------------------------------|-------------------------|-------------------------------|-----------|
| Date: | Number of Boxes Needed: | Primary Contact Name: | |
| Primary Contact Email Address: | | Primary Contact Phone Number: | |
| Street Address: | | City/State: | Zip code: |
| Food Drive Start Date: | | Food Drive End Date: | |

BOTTOM PORTION TO BE COMPLETED BY MCFB TEAM MEMBER AT THE TIME OF DROP OFF

The Montgomery County Food Bank, a private non-profit 501(c)(3) tax exempt organization soliciting quantities of salvageable food products, distributes to qualified organizations engaged in feeding those in need. In accordance with IRS regulations, the affiliate maintains records, available to the IRS for inspection upon request, of all product donations.

Your donations are accepted subject to the following limitations:

1. Your donated products will not be sold, transferred, or bartered for money, other products, or services.
2. Your donated products will be used only in a manner related to the exempt purposes of the done organization. This complies with the provision of clauses (i) and (ii) of section 170(e)(3) of the Tax Reform Act of 1976.
3. Your donated products will be distributed only to done organizations who have legally executed a Form of Release. which is on file. These forms are available for your inspection.

| Description | # of Units (Boxes) | Total Weight |
|-------------|--------------------|--------------|
| | | |
| | | |
| | | |

| Monetary Donation | | | |
|-------------------|--------------|---------------|-----------------------|
| CASH: | Amount: (\$) | | |
| CHECK: | Amount: (\$) | Check Number: | |
| CREDIT CARD: | Amount: (\$) | CC Number: | Expiration: CVC Code: |

Delivered By (print name): _____ Signature: _____