



P.O. Box 1928
Rifle, CO 81650
P: 970.625.4496

FOOD DRIVE HOST REGISTRATION

Thank you for your interest in organizing a food drive to benefit LIFT-UP food pantries and those that we serve. Please complete this form and return to us prior to the start of your drive.

CONTACT INFORMATION:

DATE _____

ORGANIZATION NAME _____ CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

MAILING ADDRESS _____

FOOD DRIVE:

START DATE & TIME _____, _____, _____ END DATE & TIME _____, _____, _____
*MM/DD/YYYY Time MM/DD/YYYY Time*LOCATION OF FOOD DRIVE _____
Name & Physical Address City

OUR FOOD DRIVE WILL BE: PRIVATE/INTERNAL ONLY (Employees & Staff) PUBLIC DROP OFF IS WELCOME

WE WILL OFFER THE FOLLOWING AS AN INCENTIVE FOR FOOD DONATIONS: *(Discounts of Products, Services, Gift, etc.)*WE WILL PROMOTE THE FOOD DRIVE BY: *(Advertising, Social Media, Word-of-Mouth, Signage, Website, etc.)*

COLLECTION RESOURCES:

NOTES:

WE REQUEST _____ NUMBER OF LIFT-UP GROCERY BAGS

WE REQUEST A 4-UP HANDOUT & SUGGESTED FOOD ITEMS

DELIVERY OR PICK UP OF DONATIONS:

WE WILL DELIVER THE DONATIONS ON _____, _____ TO THE FOLLOWING LIFT-UP FOOD PANTRY:
*Date (MM/DD/YYYY) Time**(Please verify pantry hours before delivery)* Aspen Carbondale Glenwood New Castle Rifle Parachute

WE REQUEST A PICK UP OF THE GOODS: REQUESTED PICK UP DATE _____ BETWEEN TIMES OF _____

FROM LOCATION _____

PLEASE RETURN THIS FORM TO LIFT-UP VIA: Email: info@liftup.org • Fax: 970.625.3497

If you have questions, please call 970.625.4496. LIFT-UP will help promote your Food Drive through their website, social media, advertising and/or PR.

Please send your logo to marketing@liftup.org.

OFFICE USE ONLY

POUNDS/BAGS RECEIVED _____ MONETARY DONATIONS _____ TY DATE _____