



2020 HIA-LI Summer Food Drive Registration Form

Return Form to Long Island Cares

Fax #: 631-273-1375

Email: fooddrive@licares.org

Today's Date: _____ Intended Food Drive Dates: _____

Hosting Business or Organization Name: _____

Primary Contact Person: _____ Phone Number: (____) _____

Valid E-mail Address: _____

Address of Food Drive: _____

Hours of Operation: _____

_____ Number of Boxes Requested *(The boxes are three feet tall and hold about 100 pounds each.)*

_____ Virtual Food Drive

_____ Virtual Food Drive Only

Special Delivery Instructions *(Ex: Go to back door or hard to park area):* _____

Would you prefer to use your own box and have LI Cares mail you the posters and a logo? (Yes/No) _____

Do you plan to make a cash donation instead of hosting a food drive? (Yes/No) _____

For Long Island Cares Use Only

Name and Signature required at time of box drop off only. Do not complete at registration

Print Name

Signature

Delivery Date: _____

Pickup Date _____