



## **FOOD DRIVE REGISTRATION**

**Company/Group Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **FOOD DRIVE INFORMATION**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Donations must be dropped off by Friday, November 19th.**

**Please drop off donations at our downtown location:**

3429 Dr. Martin Luther King Jr. Blvd., Fort Myers, FL 33916

Monday-Friday, 8:00am - 11:00am

Donation forms available for tax purposes upon request.

**For more information or to submit this form, please email:  
[Thanksgiving@CommunityCooperative.com](mailto:Thanksgiving@CommunityCooperative.com)**