



Letter Carrier *Stamp Out Hunger*® Food Drive

REGISTRATION FORM: **Region 3**

Deadline to Register: March 24th

Return form by mail ***no later*** than March 24th to:

NALC Food Drive Registration
4979 Indiana Avenue, Suite 203
Lisle, IL 60532-3848



Branch Information

Branch #: _____
Branch President Name: _____
Branch Address: Street _____
City _____ State _____ Zip _____
Branch Office Phone: _____ President Cell Phone: _____
President Email Address: _____

Food Drive Coordinator Information

Coordinator Name: _____
Post Office Physical Address: Street _____
City _____ State _____ Zip _____
Coordinator Cell Phone: _____
Coordinator Email Address: _____

Material Resource Information

Post Office Physical Mailing Address (No P.O.Boxes) for Postcard Delivery:

Attn: _____

Bags: Do you have a local sponsor for bags? Yes / No (*please circle one*)

Who is the sponsor? _____ Number of bags to be distributed: _____

Food Bank/Pantry Donation Site(s) - Use additional page(s) if necessary:

Organization Name(s) & Website URL:

1) _____ 2) _____
_____ 3) _____

Food Bank/Pantry Address:

1) Street _____ City _____ State _____ Zip _____
2) Street _____ City _____ State _____ Zip _____
3) Street _____ City _____ State _____ Zip _____

Branch President or Coordinator: _____
(signature) (date)