# Letter Carrier *Stamp Out Hunger* ® Food Drive
## REGISTRATION FORM: Region 5
### Deadline to Register: March 24th

Return form by mail *no later* than March 24th to:
**NALC Food Drive Registration**
**1828 Craig Road**
**St. Louis, MO 63146-4712**

## 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*)