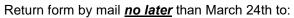


## Letter Carrier Stamp Out Hunger ® Food Drive

**REGISTRATION FORM: Region 5** 

Deadline to Register: March 24th



NALC Food Drive Registration 1828 Craig Road St. Louis, MO 63146-4712



	Branch Information	tion	
Branch #:			
Branch President Name	e:		
	t		
	State Zip		
Branch Office Phone: _	President Cell P	'hone:	
President Email Addres	ss:		
	Food Drive Coordinator	Information	
Coordinator Name:			
Post Office Physical Ad	ddress: Street		
City	State Zi	ip	1
	9:		
Coordinator Email Addr	ress:		
Attn:	Material Resource Information Address (No P.O. Boxes) for Po	ostcard Delivery:	
Attn:s: Do you have a local sp	Mailing Address (No P.O. Boxes) for Po	ease circle one)	
s: Do you have a local spot is the sponsor?	Mailing Address (No P.O. Boxes) for Po	ease circle one)  oer of bags to be distribute	
s: Do you have a local spois the sponsor? d Bank/Pantry Donation	ponsor for bags? Yes / No (ple Numb	ease circle one)  oer of bags to be distribute	
s: Do you have a local sponsor? d Bank/Pantry Donation anization Name(s) & Webs	ponsor for bags? Yes / No (ple Numb	ease circle one) per of bags to be distributed becasary:	
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