



# Letter Carrier *Stamp Out Hunger*® Food Drive

## REGISTRATION FORM: **Region 9**

**Deadline to Register: March 24th**

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

**NALC Food Drive Registration**  
**1101 Northchase Parkway SE, Suite 3**  
**Marietta, GA 30067**



### 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)