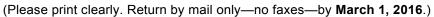


24th Annual NALC Food Drive

Saturday, May 14, 2016

OFFICIAL REGISTRATION AND POST CARD REQUEST FORM





Branch Information		
Branch #:		
Branch President Na	ame:	
Branch address:	Street	
	City	State Zip
Branch Office Phone	e:	Home/Cell Phone:
Email:		
Food Drive	e Coordir	nator Information
Coordinator Name:		
		State Zip
		Home/Cell phone no.:
E-mail address:		
Mailing address for	•	be delivered to:
Bags: Do you ha		sor for bags? Yes / No (please circle one)
Who is the spons	or?	
Number of bags t	o be distributed	d:
Partnership Opp	ortunities Mate	<u>rials</u> :
Do you need Part	nership Opportı	unities Materials? Yes / No (please circle one)
	(will be ser	nt to Branch Food Drive Coordinator)
Branch Presiden	·+·	