



In-Kind Food Donation Record

Fill out one form for each pick up or drop off of donated food.
(Select which type record it is and whether picked up or dropped off.)

Pick Up Request

Dropped Off

Date _____ Donated by _____
 Address _____ City _____
 Zip _____ Contact _____ Phone _____
 Email _____ Scheduled Pick Up Time _____

Items donated:

	Quantity	Value
1. Sandwiches	_____ ea	Please put a value next to your donation so we can thank you!
2. Canned Goods	_____ lbs	
3. Bread/Loaves	_____ ea	
4. Produce/Fruit/Meat/Prepared Meals		
5. Desserts	_____ lbs	
6. Misc. Non-food	_____ lbs	

Total Value.....\$ _____

Comments/Instructions

Received/picked up by: _____ Date: _____