



# Moveable Feast Food Donation Form

Donor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Type of Donation:  Canned/Packaged Items (Include Lot Codes)

Produce and Fresh/Frozen Items

Other

Weight of Items: \_\_\_\_\_ lbs.

Item(s) Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration Date(s) or Pick Date(s): \_\_\_\_\_

\_\_\_\_\_

Received by Moveable Feast Staff Member: \_\_\_\_\_

(Please sign here)

Approved by Director of Food Service: \_\_\_\_\_

(Please sign here)