



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)