

Spirit of Texas Food Drive Form

Please send this completed form to Heather Icenogle by:
e-mail hicenogle@houstonfoodbank.org, fax (832) 369-3836 or address listed below.

Organization Name: _____

Contact Name: _____ **Title:** _____

Contact Phone: (_____) _____ - _____

Contact E-Mail: _____ @ _____

Mailing Address: _____

Food Drive Date: ____ / ____ / ____ through ____ / ____ / ____

Food Drive Location(s): _____

Please list or attach all locations.

Have you participated before? _____ **How Many Years?** _____

How will the Houston Food Bank benefit from your event? (Please check all that apply)

Financial Donation Food Donation Other (explain): _____

Will you need collateral materials from the Houston Food Bank? _____

Please indicate the amounts:

Money Canisters _____ Posters _____ Food Collection Bins _____ Packing Boxes _____

Please indicate when you would like to pick these supplies up:

Date: ____ / ____ / ____

Time: 9:00 AM 10:00 AM 11:00 AM 12:00PM 1:00PM 2:00PM 3:00PM 4:00 PM 5:00PM

When should the Houston Food Bank expect to receive event proceeds?

Date: ____ / ____ / ____

Is the public going to be involved in anyway? If so, the indemnification agreement must be signed.

Indemnification Agreement

Your organization agrees to hold harmless the Houston Food Bank and its affiliates from any claims, losses, or expenses arising from personal injury or property damage directly or indirectly incurred by the sponsor, volunteers or other third parties related to the planning or conduct of the event.

Signature: _____