



RIVER VALLEY REGIONAL FOOD BANK

A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL

FAX/EMAIL PROGRAM APPLICATION (We prefer the email option)

Organization: _____

Address: _____

Fax Number: _____ Email Address: _____

Contact Person: _____

I am the contact person for the above named organization and wish to participate in the Fax/Email Program. I understand that we will be notified on a regular basis of the current Food Bank inventory and that we must place our order by fax or email and not by phone. Even though I will be notified of the inventory of frozen, refrigerated, no fee and assorted products, I understand that these can not be held but must be selected by appointment. I will notify our organization representatives of our participation in this program and its procedures.

Contact Person: _____

Signature