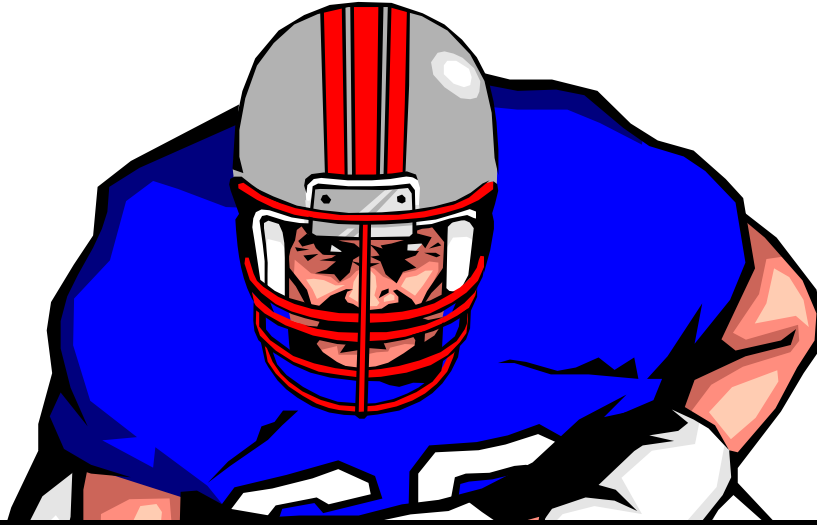


# Join us as we “TACKLE HUNGER”



Organization/School Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

What will you be doing:  
 Collecting Food       Collecting Money       Volunteering

Date of Efforts: \_\_\_\_\_

Location of Efforts: \_\_\_\_\_

Name of Food Bank to receive donations/service: \_\_\_\_\_

Will your efforts be connected to a pre-existing event: \_\_\_\_\_

If yes, what event: \_\_\_\_\_

Please return completed form, via fax, to the MCSC at (517) 241-3869. Or you may email the above information to Janice Harvey at [harveyj1@michigan.gov](mailto:harveyj1@michigan.gov).

