

MEMBER AGENCY UPDATED INFORMATION FORM

Complete the form below

■ As the year comes to a close we are getting ready to update our Partner Agency Information. Please complete the form below to insure your agency information will be listed correctly.

Agency Name : _____

Agency Address : _____

Main Contact Name : _____

Phone : _____

Email : _____

Other Contacts (If Different From Above)

Billing Contact:

Phone: (_____) _____ - _____

Email: _____

Reporting Contact:

Phone: (_____) _____ - _____

Email: _____

Hours of Operation

Day(s) Open for Operation (or Distribution Day):

How often? (Weekly, Monthly, etc.):

Hours of Operation (or Time of Distribution):

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Complete the form below

■ Please list the information below exactly like you would like it posted on the website. All food pantries are posted on our website, for other food programs being on the website is optional.

Would You Like your Agency Posted on our Website? (Other food Programs Only) Yes_____ No _____

Agency Name : _____

Agency Address : _____

Phone (Optional) : _____

Hours of Operation

Distribution Date : _____

Distribution Time : _____

Notes : _____

Example Website Listing Below

Agency Name

Address

City, State

Phone Number

Pantry: Last Saturday 8am - 9:30am

Notes: Need picture ID