



*Chefs' Showdown
September 21, 2018
Donation Form*

ITEM NAME _____

ITEM DESCRIPTION _____

RETAIL VALUE OF DONATION ITEM \$ _____

COMPANY/ORGANIZATION _____

DONOR NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAYTIME PHONE (_____) _____ **EMAIL** _____

ITEM INSTRUCTIONS/RESTRICTIONS _____

ITEM EXPIRATION DATE (if any) _____

SHOULD ITEM BE PICKED UP? _____ **YES** _____ **NO** _____ **IF YES, WHAT DATE?** _____

DONOR SIGNATURE _____

Thank you for your generous gift and support of the Food Bank's 2018 "Chefs' Showdown" Event scheduled for September 21, 2018. All proceeds from this event will benefit the various food bank programs. Please return this form to 826 Krill Street, Corpus Christi, Texas 78408 or fax to 361-887-7687.

This Box for Food Bank Staff Use

Item Number _____

Item or Certificate _____

Special Notes _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER PHONE # _____