Souper Bowl Day of Caring Participation Form

Name of organization_____

Contact Name _____

Address _____

City, State Zip_____

Phone_____ Email_____

If a religious organization, which group facilitated this event?

____Junior High ____High School ____ College & Career

_____ Young Married _____ Seniors _____ Other

Day of Week & Date of Souper Bowl Collection_____

Funds Collected_____

(If mailing a check, mark in memo section "Souper Bowl Day of Caring")
$1 donation provides 7 meals

___Yes, we are donating our collection to St. Mary's Food Bank Alliance

____No, we are donating to _____ for this year

____**Yes, we want to do a service project** at a St. Mary's Food Bank Alliance during the week. The hours are Monday – Friday from 8 am – 11 am and 12 noon – 3 p.m. **Call 602-242-FOOD** (3663) or visit our website at www.firstfoodbank.org to volunteer.

The Souper Bowl Day of Caring downloadable flyer was helpful this year.

_____Yes _____No

Suggestions for communication of future Souper Bowl Day of Caring in Arizona…

St. Mary's Food Bank Alliance Logo
Our address (for those that are mailing in checks)
www.firstfoodbank.org

THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!