



Central Illinois Foodbank Food/Fund Drive Form

Thank you for your interest in conducting a Food/Fund Drive to benefit Central Illinois Foodbank. Please complete this form and send to the Foodbank. If you have questions, contact Kristy Gilmore at kgilmore@centralilfoodbank.org or Virginia Ferguson at vferguson@centralilfodbank.org.

Company /Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____ Email Address: _____

Food Drive Location Address: _____

Number of Employees/Members: _____

Desired Dates for Food Drive to Start and end: _____

Is your drive collecting food or funds? Food Funds Both

Food/Fund Drive Goal:Pounds : _____ Dollars: _____

Theme of Drive: _____

Our group/organization will match contributions or make an additional donation to Central Illinois Foodbank: Yes No

Please Explain: _____

Please drop off food at 1937 E. Cook Street, Springfield, IL Monday – Friday between 7:30 – 4:00 and/or the second Saturday of the month 9:00 am-1:00 pm. You do not need to schedule an appointment.

The Foodbank will arrange a pick up for food drives collecting over 500 pounds.

Please provide the date food should be collected: _____
(Monday – Friday 7:30 am – 4:00 pm and/or the Second Saturday of the Month 9:00-1:00 pm)

On Site Contact Name and Number: _____

Central Illinois Foodbank is located at 1937 E Cook, Springfield, IL 62703