



# Food Donation Receipt

Please remember to ask for a weight receipt from the food bank upon delivery.  
Complete this form and fax it to **(732) 774-6683** or email it to [Receipt@moveforhunger.org](mailto:Receipt@moveforhunger.org).

|                      |                                     |
|----------------------|-------------------------------------|
| <b>Company Name:</b> | <b>Food Bank Name:</b>              |
| <b>Date:</b>         | <b>Name of the Person Donating:</b> |

**Total pounds:** \_\_\_\_\_ **OR** **# of boxes:** \_\_\_\_\_ **# of bags:** \_\_\_\_\_

**Estimated # of clients who donated:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*If the official weight receipt is not available from the food bank, please obtain a signature from a food bank employee**

\_\_\_\_\_

|  |                  |             |
|--|------------------|-------------|
| <b>Food Bank Employee Name</b><br>(please print clearly) | <b>Signature</b> | <b>Date</b> |
|--|------------------|-------------|

Thank you for your support!