



## Donor Application

Name of Donor / Establishment: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Location (please include cross streets and landmarks):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) to contact regarding pick-up:

1) \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

Date and score of most recent health department inspection:

\_\_\_\_\_

Type of donor (choose one):

- Regular schedule - persons listed above will be contacted to arrange this
- Check-in - Atlanta's Table will call periodically to see if pick-ups needed
- Donor call-in - you will call when you have items to pick up

Type of foods expected:

\_\_\_\_\_

Special driver instructions (loading docks, security, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor applicant signature

Date

Atlanta's Table rep. signature

Date

**Fax this application to: 678-553-5969**  
**ATTN: Atlanta's Table Operation Manager- Craig Lee**  
**Phone: 404-892-3333 ext. 1234**