



## Donor Application

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

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

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

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

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

Contact: Daniel Hernandez  
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