

BUY A BAG REGISTRATION FORM

Please check all that apply:

- YES! We would like to participate in the **Buy A Bag Program**.
- Our business would like to match every \$1 raised by our employees with \$1.
- INSTEAD of participating this year, we would like to donate \$_____.

Business/Organization: _____

Number of Employees/Students/Members: _____

Contact Person and Title: _____

Mailing Address: _____

Phone: _____ FAX : _____

E-Mail: _____

I would like to begin my Buy A Bag Drive on _____ (date).

Please send me (how many?):

_____ BUY A BAGS
Holiday

_____ BUY A BAGS
Non-holiday

_____ Posters

For orders and refills of Buy A Bags

FAX or Mail this form to:

Kathy Gleason

Food Bank of Contra Costa and Solano

PO Box 6324

Concord, CA 94524

Phone: 925-676-7543 ext 218

FAX: 925-671-7933

e-mail: kgleason@foodbankccs.org