NH Food Bank Representative Appearance Request

Do you want a NH Food Bank representative or truck at your next NH Food Bank Benefit? Print and complete this form and send it to us at :

Address: *Development*
62 West Brook Street
Manchester, NH 03101

Fax: *Attn: Development*
(603) 669-0270

Email: *info@nhfoodbank.org*

Contact Information

Contact Name _____ *Phone Number* _____

Name of company/organization (hosting event) _____

Address _____
Street *City* *State* *Zip Code*

Email _____

Event Information

Name _____

Date _____ *Time* _____

Location _____

Address _____
Street *City* *State* *Zip Code*

Please give a brief description about the event:

Please give a brief description of what is expected of New Hampshire Food Bank Representative (i.e. speaking, collecting food, etc.):

Representative requested:

- ☐ *Truck*
- ☐ *Executive Director*
- ☐ *Staff*
- ☐ *Would you like us to list event on our website?*

New Hampshire FOOD BANK
A Program of New Hampshire Catholic Charities