



VOLUNTEER PROJECT COMMITMENT FORM

Please complete form and send to Kim Beal at kbeal@secondharvest.org.

Group Name: _____

Participation Donation. Select one.

- ☐ 10 volunteers: \$1,000
☐ 20 volunteers: \$2,000

Project Date Preference. Provide 3 options. (Monday - Friday/9:30 am - 12 noon)

#1 _____

#2 _____

#3 _____

Project Type Preference. Provide 3 options. (Child backpacks, food boxes, produce sorting, care kits, pet food packs)

☐ No Preference _____

#1 _____

#2 _____

#3 _____

Payment Options. Select one.

- ☐ Check. Please mail completed form with check.
(Payable to Second Harvest Food Bank of Metrolina, ATTN: 40th Birthday Volunteer Project, 500-B Spratt Street, Charlotte, NC 28206.)
- ☐ Pay via credit card. Please mail completed form with credit card info.
(Email Kim Beal at kbeal@secondharvest.org to arrange phone payment.)

Credit Card Number

Expiration Date

Name as it appears on card (Please print.)

3 Digit Security Code

Address

Signature

Primary Contact For Project.

Name

Title

Best Contact Number

Email Address

Please send a high resolution file of your logo (PNG or EPS format). This will be used for social media and marketing purposes.

Contact Information:

Please contact Kim Beal if you have any questions.