



Food and Fund Drive Promotional Kit



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Thank you for your interest in coordinating a food and fund drive for ECHO Food Shelf. We truly appreciate individuals and groups such as yours who volunteer their time and talents to help improve the lives of others.

Organizing a food drive can be fun and exciting and the best way to ensure a smooth effort is to spend time planning the drive. This packet contains information you will need to organize a successful drive. Annual food drives are currently being held by a number of local organizations. Please keep in mind these dates as you plan your food drive. They are as follows:

- | | |
|-------------------|----------|
| • Ski for ECHO | February |
| • Boy Scouts | March |
| • Postal Carriers | May |
| • Fun Days | July |
| • Stuff a Truck | November |

We are always here to help answer any questions that may arise and to suggest some creative ways to ensure a very successful drive. If you have any questions please do not hesitate to contact ECHO at (507) 345-7477.

Please complete enclosed registration form prior to your food or fund drive. Mail, FAX, deliver or email your completed form to:

1014 S. Front St.
Mankato, MN 56001
OR
P.O Box 3212
Mankato, MN 56002-3212
Fax: (507) 345-7477
Email: echofoodshelf@yahoo.com

Promotional Materials

- | | |
|----------------------------|---------------------------------------|
| • Flyer | • Fundraising Ideas /Theme Info Sheet |
| • Most Needed Items List | • Local Media Info Sheet |
| • ECHO Food Shelf brochure | |

**Note: All Items can be downloaded from our website at www.echofoodshelf.org

Good luck with your drive and thank you again for helping to feed our neighbors.



Food and Fund Drive Registration Form

Company/ Organization Name: _____

Address _____

City _____ Zip _____

Phone: _____ FAX: _____ Email _____

Mailing Address (for receipt)

First Contact Name: _____

Phone: _____ Email: _____

Second Contact Name: _____

Phone: _____ Email: _____

Your Food and Fund Drive information

We will hold a Food and Fund drive from _____ start date to _____ end date.

Brief description of drive plans.

When the Food and Fund Drive is complete:

Complete the **Food and Fund Drive Report**.

If monetary donations were collected; complete the **Fund Release Form**.

Make arrangements to deliver your food and monetary donations by calling ECHO at:
507-345-7477.

Donations are accepted Monday thru Friday, 9 am – 5 pm or other times by arrangement.



Food and Fund Drive Report Form

Please complete this form and return it to ECHO at the time of your food or money donation delivery.

**** Note:** If monetary donations were collected a completed **Fund Drive Release Form** must accompany the donation.

Organization: _____

Name: _____

Address _____

City _____ Zip _____

Phone: _____ FAX: _____ Email _____

Contact Name: _____

Did you collect food? _____ YES _____ NO

If yes, number of pounds collected: _____

*** All food will be weighed upon delivery at ECHO.*

Did you collect monetary donations? _____ YES _____ NO

If yes, total donation amount \$ _____

Total number of participants from your organization: _____

Total number of hours spent on your project: _____

Feedback

Briefly describe what went well with your drive:

Briefly describe any set backs with your drive:

Did ECHO provide the necessary support to successfully conduct your Drive?

_____ YES _____ NO

If no, how could we have helped more?

Is your organization interested in making this project an annual event?

_____ YES _____ NO

If yes, contact name: _____

Phone: _____ Email: _____



Fund Drive Release Form

This form must be completed for monetary donations.

If possible, we recommend that all donations to your fund drive be donated to ECHO Food Shelf through **one** check or money order.

If **one** check or money order is not possible ECHO asks the following:

1. This completed form must accompany your donation.
2. All donations must be placed in an envelope and the release form should be stapled to the envelope.
3. Donations should be hand delivered to an ECHO Food Shelf employee or board member.

Thank you again!

If you have any questions contact ECHO at 507-345-7477 or echofoodshelf@yahoo.com

Organization name: _____

Total Funds: \$_____

The funds were counted and released on _____ (date)

by _____ (organization representative)

Signature _____

Received by _____ (ECHO representative)

On _____ (date)