



# Change the Face of Hunger, Skip Lunch

## Thursday, June 8, 2006

### Team Leader Collection Worksheet

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web \_\_\_\_\_

Team Leader

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Total Donations Enclosed \$ \_\_\_\_\_

# of Participants \_\_\_\_\_

Total CASH Enclosed \_\_\_\_\_

Total CHECKS Enclosed \_\_\_\_\_

Please list donors on the reverse. All individuals listed will be mailed a written acknowledgement of their donation for tax purposes.

Please deliver this form with the donation brown bag to:



**Second Harvest Food Bank of Santa Clara and San Mateo Counties**

750 Curtner Avenue, San Jose, CA 95125

or

1051 Bing Street, San Carlos, CA 94070

