



DONATION INTENT FORM

Organization Name (Donor Name): _____

Contact Name: _____ Contact Number: _____

Contact Email: _____

Mailing address: _____

Would you like to be listed as a donor on our website? _____

If yes, how would you like to be listed (name, logo) _____

How did you hear about The 12th Can? _____

Donation Description - How do you plan to acquire the product? (Food Drive, Event, etc.)

Event Date(s): _____ Preferred Drop-Off Dates(s): _____

By signing below, I authorize a 12th Can representative to contact me about setting up a donation.

- Donation forms must be submitted at least two weeks before the chosen donation day.
- Unless otherwise determined by a 12th Can representative, I understand that donation drop offs must be Monday through Friday between 8-5 PM.
- I understand that I am responsible for setting up the logistics of the donation with a 12th Can representative.
- I understand that I am responsible for transporting the product to the 12th Can pantry facility unless otherwise discussed with a 12th Can representative.

Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORMS TO 12THCAN.FACILITIES@GMAIL.COM

*If you have any questions or concerns regarding this form, please contact
12th Can Facilities Director at 12thcan.facilities@gmail.com.*