



Agency Contact Information

Agency Name: _____ Agency Ref # _____

Agency Physical Address: _____ City: _____ Zip Code: _____

Agency Billing Address: _____ City: _____ Zip Code: _____
(if different from physical address)

Type(s) of Food Program in operation:

- Pantry (food eaten by clients off site) Soup Kitchen (meals served on site) Shelter (offer housing in addition to food)
- Special Program (youth, mental health, rehab services, etc.) Other: _____

Food Distribution Hours of Operation:

- M _____ Tu _____ W _____ Th _____ F _____
- Sa _____ Su _____ Note: _____

Main Contact's Name : _____ Title: _____

Email Address: _____ Include this email address on the Gleaners Monthly Agency Newsletter contact list

Office Phone # _____ Cell Phone # _____

Other Phone # _____ Include this cell # on the Emergency Text Message List* Include this cell # on the Agency Update / Announcement Text Message List*

Contact's Name : _____ Title: _____

Email Address: _____ Include this email address on the Gleaners Monthly Agency Newsletter contact list

Office Phone # _____ Cell Phone # _____

Other Phone # _____ Include this cell # on the Emergency Text Message List* Include this cell # on the Agency Update / Announcement Text Message List*

Contact's Name : _____ Title: _____

Email Address: _____ Include this email address on the Gleaners Monthly Agency Newsletter contact list

Office Phone # _____ Cell Phone # _____

Other Phone # _____ Include this cell # on the Emergency Text Message List* Include this cell # on the Agency Update / Announcement Text Message List*

**Standard message and data rates may apply.*