

Grocery Rescue Program

Contact Sharing Sheet



Purpose:

To facilitate communication and coordination between donation partners. Please fill out your contact information below. Once completed, this sheet will be shared with the appropriate parties.

Donating Grocery Store

Store Name: _____

Store Address: _____

Primary Store Contact Name: _____

Position/Title: _____

Preferred Phone Number: _____

Preferred Email Address: _____

Preferred Contact Method: Phone Email Text

Second Harvest Food Bank Representative

Name: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: Phone Email Text

Community Partner (Receiving Agency)

Organization Name: _____

Primary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

Secondary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

(over)

Grocery Rescue Program

Contact Sharing Sheet (continued)



Community Partner (Receiving Agency)

Organization Name: _____

Primary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

Secondary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

Community Partner (Receiving Agency)

Organization Name: _____

Primary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

Secondary Contact Name: _____

Phone Number: _____

Preferred Contact Method: Phone Text

Notes or Special Instructions

Completed on: _____

By (Name): _____