

OPB In-Kind Food Donor Information Sheet

If you are interested in participating in OPB's In-Kind Food Donor Program, please fill out the following form electronically or by hand, and fax it to OPB at **503.293.4165**.

Date: _____

Name of Business: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Best Time to Call: _____

E-Mail: _____

Web Address: _____

Preferred Method of Contact: E-Mail Phone

Contact Person: _____

Alternate Number: _____ Number Type (Cell, Home, etc): _____

Please note: Donating dessert or dinner during a Membership Drive is the equivalent of 40 to 60 servings total.

Please indicate the level at which your business wishes to be involved:

Level 1: I am willing to contribute/donate to all 7 Radio & TV Membership Drives and the occasional OPB event (trainings, Thank-a-Member Day, other one-day events).

Level 2: I am willing to contribute/donate to 4 Membership Drives per year and the occasional OPB event (trainings, Thank-a-Member Day, other one-day events).

I prefer to donate to: TV Radio

Level 3: I am willing to contribute/donate to 2 to 4 Membership Drives per year.

I prefer to donate to: TV Radio

Level 4: I am willing to contribute/donate to 1 to 2 OPB Membership Drives per year.

I prefer to donate to: TV Radio

Other: _____

Please fax to OPB - 503.293.4165