



Please fill out this form and bring it with you when you drop off your food or mail it to Hawaii Foodbank, ATTN: Food Drive, 2611 Kiliha St., Honolulu, HI 96819

COALITION MONETARY REPORT

Coalition Name: _____

Collected Food Donations: ☐ Drop-Off Date: _____ ☐ Pick-up Date: _____ ☐ None (Fund Drive Only)

Company/Organization: _____

Contact Person (First & Last Name): _____

Contact Person Phone: _____ Contact Person Email: _____

Acknowledgement Letter Addressed to: _____ Title: _____

Mailing Address: _____ Phone: _____

E- Mail: _____

Total Cash: \$ _____ Virtual Funds: \$ _____ Total in Checks: \$ _____ Number of checks turned in: _____

Please list all checks below & any cash donations that request a donor acknowledgement letter:

(Please use backside or attach additional sheets if needed)

Full Name of Donor	Address (to send Donor Acknowledgement Letter)	Check/Cash (Check one)	Check Amount
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	
		<input type="checkbox"/> Cash / <input type="checkbox"/> Check #: _____	

To be completed by Hawaii Foodbank Staff. Please scan and email completed form with copies of checks to fooddrive@hawaiifoodbank.org

Total Funds Collected: \$ _____

Number of Checks: _____ ☐ Scanned and emailed with this form

Check Total: \$ _____

Virtual Funds: _____

Cash Received: \$ _____

Received by: _____ Date: _____

[illegible]