



Governor's State Employees Food Drive Cash Donation Designation Form



1. Complete this form to designate which Regional Food Bank you would like to receive your cash donation. Be sure to write the designation code for the Regional Food Bank you wish to receive your donation (listed below).
2. Return this form and your donation by Friday, February 27, 2015, to your **Agency/Site Coordinator**.

Agency Name _____ Agency Number _____

Employee Name _____ Phone _____

Date: _____ Designation Code (see below): _____ Amount: \$ _____

Regional Food Bank	Counties Served	Designation Code
ACCESS Food Share	Jackson	BK01
CAPECO Food Share	Gilliam, Morrow, Umatilla, Wheeler	BK02
NeighborImpact	Crook, Deschutes, Jefferson	BK03
CCA Regional Food Bank	Clatsop	BK04
Columbia Pacific Food Bank	Columbia	BK05
Community Connection	Baker, Grant, Union, Wallowa	BK06
FOOD for Lane County	Lane	BK07
Josephine County Food Bank	Josephine	BK08
Klamath/Lake Counties Food Bank	Klamath, Lake	BK09
Food Share of Lincoln County	Lincoln	BK10
Linn Benton Food Share	Linn, Benton	BK11
OFB Southeast Oregon Services	Harney, Malheur	BK12
Marion-Polk Food Share	Marion, Polk	BK13
Mid-Columbia Community Action	Hood River, Sherman, Wasco	BK14
OFB-Metro Services	Clackamas, Multnomah, Clark	BK15
OFB-Tillamook County Services	Tillamook	BK16
South Coast Food Share	Coos, Curry	BK17
OFB-Washington County Services	Washington	BK18
UCAN Food Bank	Douglas	BK19
YCAP Regional Food Bank	Yamhill	BK20

If you would like a tax receipt from your Regional Food Bank, please complete the following information.

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your generosity! All gifts are tax-deductible to the full extent allowed by law.

AGENCY COORDINATOR: Please return this form with the cash donation to the designated food bank.