

## Authorized Personnel Information

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The names and signatures of the persons below are authorized by \_\_\_\_\_  
\_\_\_\_\_ to pick up products on behalf of your organization at  
Project Hope Food Bank. Their signatures indicate that they have read and  
understood Project Hope Food Bank regulations and agree to abide by them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Please inform Ted Thompson at 501.623.3663 as soon as any changes are  
made in your agency's list of people authorized to pick up products at Project  
Hope Food Bank.