



MANNA FoodBank Partner Agency Contact Information

Agency Number: _____ Name of Agency: _____

Please fill out most up-to-date contact information:

Name	Job Title/Role	Contact Number	Email Address	Places Online Order Y/N	On-Site Shopper Y/N	Auth. to View Agency Financials Y/N	Food Safety Trained/ Date Trained	Would Like to Receive Newsletter Y/N

Please fill out the following information (required)

Billing Contact /email	Billing Address for Organization	City	State	Zip Code
Main Site Contact/email	Physical Address of Organization	City	State	Zip Code

Return this document to ar@mannafoodbank.org