



Community Café

Sponsored by Falls Hunger Coalition & Backus Community Center

Volunteer/Contribution Form

Name of Organization: _____

Address: _____

Phone: _____ Email: _____

Contact Person: _____

Phone: _____ Email: _____

Volunteering

And/Or

Contribution of \$ _____

(minimum of five volunteers needed per meal)

(checks may be made out to "Backus/AB Community Café")

Volunteer contact: _____

\$25 = 10 meals

\$200 = 80 meals

Phone: _____

\$50 = 20 meals

\$500 = 200 meals

Cell: _____

\$75 = 30 meals

\$1,000 = 400 meals

Email: _____

\$100 = 40 meals

*Based on food cost of \$2.50/meal

Please select which month(s) and day(s) you would prefer:

Questions/Contact:

Month:

Day:

January _____

Tuesday _____

February _____

or

March _____

Thursday _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____

Ward Merrill, Executive Director

Phone: (218) 285-7225

Email: wardmerrill@backusab.org

Fax: (218) 285-7118

Please send this completed form to
Backus Community Center
900 Fifth Street
International Falls MN 56649