Volunteer/Contribution Form

Name of Organization: ______________________________________________________________
Address: _________________________________________________________________________
Phone: ______________________________ Email: _______________________________________
Contact Person: ____________________________________________________________________
Phone: ______________________________ Email: _______________________________________

☐ Volunteering  ☐ Contribution of $______________
(minimum of five volunteers needed per meal)
Volunteer contact: ______________________________
Phone: ______________________________
Cell: ______________________________
Email: ______________________________

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

Month:  Day:
January _____  Tuesday _____
February _____  or
March _____  Thursday _____
April _____
May _____
June _____
July _____
August _____
September _____
October _____
November _____
December _____

(checks may be made out to “Backus/AB Community Café)
$25 = 10 meals  $200 = 80 meals
$50 = 20 meals  $500 = 200 meals
$75 = 30 meals  $1,000 = 400 meals
$100 = 40 meals  *Based on food cost of $2.50/meal

Questions/Contact:
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