



NETWORKING FOOD FOR THE LESS FORTUNATE

Hands of Hope of Illinois
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Church or Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

How many members in your church? _____ Do you have a food pantry? _____

How many families do you feed? _____ How often? _____ Weekly? _____ Monthly? _____

How is the food distributed? _____

Are you a 501(c) (3)? _____ If yes, please bring a copy of your 501 (c) (3) certificate.

Neither Hands of Hope of Illinois nor the donating entity guarantees these products. You take responsibility for the use thereof.

****HUMANITARIAN AID ONLY** AND NOT FOR RESALE!**

# SKIDS/BOXES	DESCRIPTION	APPROX. WEIGHT

Legal Disclaimer:

Hands of Hope of Illinois is not responsible for the safety of any individual who enters into our buildings. If for any reason you are injured while on our property, you waive the right to press any charges against Hands of Hope of Illinois. Hands of Hope of Illinois reserves the right to revoke the rights of any church, organization or food pantry if the representing party appears to be intoxicated or exhibits behavior deemed to be inappropriate by Hands of Hope of Illinois representatives.

I understand that I am entering this facility at my own risk. This is a binding agreement that will hold forth in the court of law. I signify by the signing of this paper that I agree to all terms as specified and that all of the information provided is true to the best of my knowledge. I also understand that Hands of Hope of Illinois is not responsible for the safety or condition of the product provided once it leaves the facilities. All items received through this program are on an "as is" basis; there is no return policy, therefore, once I have removed any items from the facility, they cannot be returned. These products are for the sole purpose of helping those in need based upon their qualifications of this program and are not to be sold, bartered or traded for any reason. In addition, Hands of Hope of Illinois has permission to utilize any photographs or videos taken of me or minors with me for publicity, recruitment or training purposes without compensation paid to me.

I have read and agree to the above terms and conditions:

Signature _____

Date _____