

Hello!

As a fellow friend in the community, we would like to invite you to support our second annual Giving Bowls event, to be held on Saturday, February 22<sup>nd</sup>, 2020 at the Lakeland Event Center in Calvert City. The event will be a fantastic afternoon of food and a silent auction. Proceeds will go to support the Snack Pack Programs for the schools in Marshall County and the Marshall County Caring Needline. This afternoon event is open to everyone in our community. We would like to take this opportunity to ask that you help support this event with a donation of food for this event.

We would be thrilled to include food you may bring for a booth this year. Your generous, tax deductible donation to our event is greatly appreciated. Please complete the attached form and return it Lakeland Event Center or send it into the mailing address below. We ask that you have a representative for February 22<sup>nd</sup> at our event to man your booth and serve the food. It would be a great way to meet a lot of people from our community. If you are not able to be present, we have volunteers that can serve for you. We ask that you send signage with your food donation so you can get recognized at your booth.

Should you have any questions, please contact Chelsy Solomon at 270-906-0166 or [csolomon@lakelandeventcenter.com](mailto:csolomon@lakelandeventcenter.com). We look forward to hearing from you soon! On behalf of our students, parents, teachers, volunteers, and staff, thank you for your support!

Sincerely,

Chelsy Solomon

LEC Director

270-906-0166

PO Box 101

Calvert City, KY 42029

[csolomon@lakelandeventcenter.com](mailto:csolomon@lakelandeventcenter.com)



### The Giving Bowls Food Donation

Contact's Name: \_\_\_\_\_ Donor: (Company/Individual) \_\_\_\_\_

Who are you representing? (Business/Restaurant/Club...) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**We have high hopes for this event and are expecting at least 400-500 people. We gratefully accept anything you can provide and serve at our event.**

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### What are you bringing?

Quantity: \_\_\_\_\_ Will you need electricity? Y / N Will you need someone to man your booth? Y / N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Potential Food Allergens:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM BY February 14<sup>th</sup>, 2020  
ALONG WITH APPLICABLE ITEM(S)**

For LEC use only

Table Number \_\_\_\_\_ Category \_\_\_\_\_

----- CUT HERE -----

#### Donor Receipt

Item Donated \_\_\_\_\_

Item Value \_\_\_\_\_ Date Donated \_\_\_\_\_

