



# Assured Life Association

## National Member Food Drive Event

### Reporting Form 2017

I am reporting:  as an individual member  
 on behalf of my Chapter

Name of individual or Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter No. \_\_\_\_\_

Describe your activity or event: \_\_\_\_\_

\_\_\_\_\_

Name of Food Pantry or Food Bank that benefited from activity/event:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pounds of food donated: \_\_\_\_\_ Monetary donations: \_\_\_\_\_

Estimated \$ value of food donated: \_\_\_\_\_

Number of Members Involved: \_\_\_\_\_ Number of Non-Members Involved: \_\_\_\_\_

Estimated Number of Hours Spent for the Event (include planning and preparation time as well as the event itself): \_\_\_\_\_

Other items donated (describe or list): \_\_\_\_\_

\_\_\_\_\_

**Send reporting forms and information to:**

**Jerry Christensen**  
**Assured Life Association**  
**PO Box 3169**  
**Englewood, CO 80155**  
**FAX to: 866-663-8560**  
**Email to: [jlc@assuredlife.org](mailto:jlc@assuredlife.org)**