



COMMUNITY GROUP DONATION FORM

PLEASE PROVIDE YOUR CONTACT INFORMATION AND SIGN THE PHOTO RELEASE BELOW.

Organization Name (please print)

Contact Name

Street Address, City, State, Zip Code

What inspired your group to organize this Food & Necessities Drive?

How many (approximately) people participated?

Email address

Phone Number(s)

By providing your email address you are opting into our printed and eNewsletters.

Photo Release (for more than one donor, see group photo release form)

I hereby agree to allow Silver Key to video or photograph me while using Silver Key services or volunteering for Silver Key. I grant ownership of any such video or photographs to Silver Key and specifically release any rights or claims. These images may be used for advertising, communication, and social media and for commercial purposes.

Date

Signature

THANK YOU FOR YOUR DONATION!

For SK Pantry Staff:

Donation Description _____

How many pounds (or boxes) was donated? _____

Signature _____

Silver Key Seniors Services Group Photo Release Form (Adult)

For Adults over 18

I/we hereby agree to allow Silver Key to video or photograph me either utilizing or supporting Silver Key services. I grant ownership of any such video or photographs to Silver Key and specifically release any rights or claims. These images may be used for marketing, donor communications, social media and for commercial purposes.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Full Name (please print) _____ Signature _____ Phone _____ Date _____

Full Name (please print) _____ Signature _____ Phone _____ Date _____

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Full Name (please print) _____ Signature _____ Phone _____ Date _____

Full Name (please print) _____ Signature _____ Phone _____ Date _____

Full Name (please print) _____ Signature _____ Phone _____ Date _____

Full Name (please print) _____ Signature _____ Phone _____ Date _____

Silver Key Seniors Services Group Photo Release Form (Minor)

For Minors

I/we hereby agree to allow Silver Key to video or photograph me either utilizing or supporting Silver Key services. I grant ownership of any such video or photographs to Silver Key and specifically release any rights or claims. These images may be used for marketing, donor communications, social media and for commercial purposes.

Name of Child (printed) _____ Signature _____

Name of parent/Chaperone (printed) _____ Signature _____

Date: _____ Phone: _____

Name of Parent (if unaccompanied) _____ Phone: _____

Name of Child (printed) _____ Signature _____

Name of parent/Chaperone (printed) _____ Signature _____

Date: _____ Phone: _____

Name of Parent (if unaccompanied) _____ Phone: _____

Name of Child (printed) _____ Signature _____

Name of parent/Chaperone (printed) _____ Signature _____

Date: _____ Phone: _____

Name of Parent (if unaccompanied) _____ Phone: _____

Name of Child (printed) _____ Signature _____

Name of parent/Chaperone (printed) _____ Signature _____

Date: _____ Phone: _____

Name of Parent (if unaccompanied) _____ Phone: _____