



# COMMUNITY GROUP DONATION FORM

Organization Name *(please print)* \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### What inspired your group to organize this Food & Essentials Drive?

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

### Approximately how many people participated?

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

*By providing your email address, you are opting in to receive Silver Key Senior Services e-newsletters.*

## THANK YOU FOR MAKING A DIFFERENCE!

*Because of you, older adults and the children they care for have food, essentials, and support to stay healthy and safe. We're so grateful for your generosity in making a difference for families with Silver Key.*

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## FOR SILVER KEY PANTRY STAFF USE ONLY

Donation Description: \_\_\_\_\_

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

Approximately how many pounds or boxes were donated? \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# INDIVIDUAL PHOTO RELEASE

*(For more than one donor, please use the Group Photo Release forms below.)*

I hereby agree to allow **Silver Key Senior Services** to video or photograph me while supporting, volunteering for, or participating in Silver Key activities or events. I grant ownership of any such video or photographs to Silver Key Senior Services and release any rights or claims to their use. These images may be used for marketing, communications, donor outreach, social media, and other related purposes.

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Name *(please print)*

---

Date

---

Email Address

---

Phone Number(s)

---

Signature

**THANK YOU FOR MAKING A DIFFERENCE!**

*Thank you for completing the photo release form! Your support allows Silver Key to showcase the impact you're making for older adults and the children they care for.*



# ADULT GROUP PHOTO RELEASE

*For Adults 18 and Over - Please print additional copies if you have more than 1-3 participants.*

I/we hereby agree to allow **Silver Key Senior Services** to video or photograph me while supporting, volunteering for, or participating in Silver Key activities or events. I grant ownership of any such video or photographs to Silver Key Senior Services and release any rights or claims to their use. These images may be used for marketing, communications, donor outreach, social media, and other related purposes.

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

\_\_\_\_\_  
Name *(please print)* - **Adult 1** \_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name *(please print)* - **Adult 2** \_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name *(please print)* - **Adult 3** \_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Signature

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# MINOR GROUP PHOTO RELEASE

*For Minors Under 18 - Please print additional copies if you have more than 1-2 participants.*

I/we hereby agree to allow **Silver Key Senior Services** to video or photograph the minor named below while supporting or participating in Silver Key activities or events. I grant ownership of any such video or photographs to Silver Key Senior Services and release any rights or claims to their use. These images may be used for marketing, communications, donor outreach, social media, and other related purposes.

_____ Name of child <i>(please print) - Child 1</i>	_____ Signature
_____ Name of Parent/Guardian/Chaperone <i>(please print)</i>	_____ Signature
_____ Name of Parent/Guardian (if child is unaccompanied) <i>(please print)</i>	_____ Phone Number(s) - <b><i>you must provide at least one contact</i></b> (especially if unaccompanied)
_____ Email Address	_____ Date
_____ Name of child <i>(please print) - Child 2</i>	_____ Signature
_____ Name of Parent/Guardian/Chaperone <i>(please print)</i>	_____ Signature
_____ Name of Parent/Guardian (if child is unaccompanied) <i>(please print)</i>	_____ Phone Number(s) - <b><i>you must provide at least one contact</i></b> (especially if unaccompanied)
_____ Email Address	_____ Date

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